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## Equalities, Human Rights and Civil Justice Committee

# Neurodivergence in Scotland

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# Equalities, Human Rights and Civil Justice Committee

To consider and report on the following (and any additional matter added under Rule 6.1.5A)—

a. matters relating to equal opportunities, and upon the observance of equal opportunities within the Parliament; and
b. matters relating to human rights.
c. matters relating to civil justice within the responsibility of the Cabinet Secretary for Justice and Home Affairs.

2. In these Rules

(a) “equal opportunities” includes the prevention, elimination or regulation of discrimination between persons on grounds of sex or marital status, on racial grounds or on grounds of disability, age, sexual orientation, language or social origin or of other personal attributes, including beliefs or opinions such as religious beliefs or political opinions; and

(b) “human rights” includes Convention rights (within the meaning of section 1 of the Human Rights Act 1998) and other human rights as for example contained in any international convention, treaty or other international instrument ratified by the United Kingdom.

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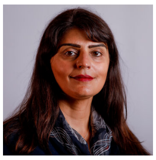

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# Membership Changes

The following changes to the Committee's membership occurred during the Committee's inquiry:

- Paul O'Kane left the Committee on 21 January and was replaced by Rhoda Grant.

# Introduction

1. At its meeting on 13 May 2025 the Committee agreed to undertake an inquiry into neurodivergence in Scotland.

2. The Committee chose to launch this inquiry after the Scottish Government's decision in 2024 to delay the introduction of the Learning Disabilities, Autism and Neurodivergence (LDAN) Bill. After this decision was announced the Committee took the following evidence to find out more about the impact of the decision and what could be achieved in absence of the Bill:

   - 26 November 2024: National representative bodies
   - 3 December 2024: Minister for Social Care, Mental Wellbeing and Sport.

3. On 5 February 2025 the Committee wrote to the Minister seeking an update on areas discussed during the course of the evidence session. The Minister responded on 4 April 2025.

4. The Committee also held an engagement session with Autistic Disabled People's Organisations on 25 March 2025. During that session the Committee heard about the challenges faced by autistic disabled people in areas such as work, education, the justice system and the health sector.

5. Around the same time, in April 2025, the Health, Social Care and Sport Committee agreed to undertake an inquiry into Attention Deficit and Hyperactivity Disorder (ADHD) and autism pathways and support.

6. As a result of its previous scrutiny of the LDAN Bill and in light of the Health, Social Care and Sport Committee's inquiry, the Equalities, Human Rights and Civil Justice Committee agreed to focus its inquiry on the experience of neurodivergence in education, the workplace and the criminal justice system.

7. The Committee took evidence as part of the inquiry over the course of five meetings, this included:

   - a briefing from the Royal College of Psychiatry,
   - two separate roundtables hearing from Autistic Disabled Peoples Organisations (ADPOS) and Disabled Peoples Organisations (DPO), and groups representing people with neurodivergences, and
   - three separate roundtables exploring issues relating to education, the workplace and the criminal justice system.

   The Committee also visited the Salvesen Mindroom Centre, and separately, held an online evening event to hear directly from people with lived experience. The Committee ended its scrutiny by taking evidence from the Minister for Social Care and Mental Wellbeing.

8. The Committee is grateful to everyone who supported its scrutiny, both prior to and during the inquiry. The Committee is particularly grateful to those who shared their lived experience to the Committee. Through the sharing of their experiences, the

Committee gained a much deeper understanding of the issues impacting neurodivergent people in Scotland.

## Learning Disabilities, Autism and Neurodivergence (LDAN) Bill

9. The Scottish Government's Programme for Government 2021-22 [1] committed to developing a Learning Disability, Autism and Neurodiversity Bill, with scoping work planned for that year. Following this, the Government held 30 events between May and July 2022 to hear from people with lived experience and to discuss possible elements of the Bill. An analysis of the findings from the scoping work was published in February 2023 [2] .

10. The Scottish Government's consultation for the Bill [3] was open for views between 23 December 2023 to 21 April 2024. The proposed Bill aimed to strengthen the rights of neurodivergent people and those with learning disabilities. Views were sought on:

- establishing legal definitions for various communities under the Bill,
- introducing national and local strategies,
- mandatory staff training,
- inclusive communications,
- better data collection, and
- improved access to advocacy.

11. The consultation also sought views across the following themes:

- Health and Wellbeing
- Mental Health and Capacity Law
- Social Care
- Housing and Independent Living
- Complex Care
- Relationships
- Access to Technology
- Employment
- Social Security
- Justice
- Restraint and Seclusion

- Transport
- Education
- Children and Young People, including transitions to Adulthood, and
- Accountability.

12. The Scottish Government published its independent analysis of the consultation in August 2024. [4]

13. The Bill had been expected as part of the legislative programme announced in the Programme for Government 2024-25 [5] . Instead, the Programme for Government said that draft provisions on the LDAN Bill would be published later in that parliamentary year.

14. The then Minister for Social Care, Mental Wellbeing and Sport wrote to the Health, Social Care and Sport Committee on the same day. In her correspondence, the Minister explained that the consultation responses showed clear differences in opinion on some key issues and further work would be required before making final decisions. The Minister also noted that the Bill must align with developments such as the proposed Human Rights Bill, the National Care Service Bill and the Scottish Parliament's Inquiry into the Commissioner Landscape. As a result the Minister concluded that in her view the best approach would be to further refine proposals and publish draft Bill provisions instead, further explaining that stakeholders would have extra time to provide their views on the draft provisions. At the time of writing, the Scottish Government has not published draft Bill provisions.

15. The Committee is disappointed that neither a Learning Disabilities, Autism and Neurodivergence bill nor draft provisions were brought forward during this session. The Committee appreciates the challenges and complexity inherent in developing this legislation, but the lack of progress is still immensely disappointing both to the Committee and the sector more generally. To allow proper scrutiny, and given the work already completed, the Committee asks that such a bill is introduced at the earliest possible opportunity next session.

16. The Committee also urges this Scottish Government and the next administration to reflect carefully on the findings of our inquiry in the development of a bill. Moreover, the Committee asks that its successor committee is kept updated on progress on developing a bill.

## Health Social Care and Sport Committee scrutiny

17. Conducted between June 2025 and January 2026, the Health, Social Care and Sport Committee's inquiry focused on the neurodevelopmental pathways for ADHD and autism, including:

- referral pathways
- assessment, criteria and treatment thresholds
- waiting times
- "waiting well" and support pre-diagnosis
- transitions between services
- funding
- workforce
- the impact on individuals of receiving a diagnosis or waiting for a diagnosis.

18. The Health, Social Care and Sport Committee published its report, ADHD and autism pathways and support, on 2 February 2026.

19. In its report the Committee called for urgent, national-level reform to address long waiting times and inconsistent support for neurodivergent individuals. The Committee noted that current demand is being driven by historical under diagnosis rather than over diagnosis. The Committee called for:

- **National plan and standards**: The urgent delivery of a national plan to ensure clear, consistent support pathways across all 14 health boards. This includes establishing a National Standard for assessments to guarantee equitable quality of access regardless of region.

- **Needs-led support**: Support should be based on individual need rather than diagnostic status. The Scottish Government must ensure that the lack of a formal diagnosis does not act as an "artificial barrier" to receiving essential services in schools, workplaces, or the community.

- **Shared care model**: The Scottish Government to work with Healthcare Improvement Scotland, health boards and GPs to address problems with shared care agreements and to develop a more consistent approach to their use. This arose out of concerns about the variable standards of private diagnosis that people have experienced having felt compelled to seek a private diagnosis due to the lack of an available diagnosis through the NHS. Further to that the Committee heard about the challenges people have experienced in getting their GP to recognise that private diagnosis or to agree to provide "shared care”.

- **Mandatory training**: A programme of mandatory training on neurodevelopmental conditions for all health and social care staff in patient-facing roles, as well as for those responsible for making referrals. This came out of concerns that those acting as “gatekeepers” to a referral or diagnosis or referral often do not have an up to date understanding of neurodevelopmental conditions, particularly in relation to women, girls and ethnic minority people, meaning that thresholds may not be applied fairly or appropriately in some cases.

- **Improved communication**: Regular and proactive communication with those on waiting lists to ensure families do not feel "abandoned". This should include providing accurate, neuro-affirming information throughout the process.

- **Enhanced data reporting**: Routine quarterly reporting of referral and waiting time data for autism and ADHD, moving toward a comprehensive national dashboard to improve transparency.
- **Sustainable Third Sector funding**: Placing funding for third-sector organisations—which often provide critical support while individuals wait for diagnosis—on a sustainable long-term footing.
- **Open referral models**: Consideration of "open referral" models to improve efficiency, noting that evidence from some areas shows this can make services more responsive without necessarily overwhelming them.

20. The Scottish Government committed new funding to address 'neurodevelopmental assessments' in the Scottish Budget 2026-27. It states it will provide:

> ... new funding of over £7.5 million to support implementation of improvements in neurodevelopmental assessments and care for children and young people, with growing future investment.

21. During the Health, Social Care and Support Committee meeting on 27 January 2026 , where the health and social care budget was examined, the Cabinet Secretary for Health said the Scottish Government recognised the challenge posed by "neurodevelopmental pathways and providing support for children and their families in achieving a diagnosis and also with regard to treatment." The Cabinet Secretary also said that the Scottish Government’s policy framework focuses on support rather than a diagnosis, but understands the importance of treatment pathways to families.

# Cross cutting themes

22. As noted at the outset of this report, the Committee's inquiry focussed on the experience of neurodivergent people in education, the workplace and criminal justice and the report goes onto explore these themes.

23. In exploring these themes it became clear there were a number of cross cutting themes and it was impossible to look at all three wholly in isolation. Ultimately if a neurodivergent person's experience of education is unsatisfactory then it will in turn impact on their capacity to enter or remain in the workplace. In some cases that unsatisfactory experience of education can ultimately contribute to a neurodivergent person finding themselves in the criminal justice system.

24. Moreover, although the Committee did not intend to focus on diagnostic assessments and post diagnostic support and did not intend to replicate any of the work undertaken by the Health, Social Care and Sport Committee it is not possible to examine the three areas of focus in this inquiry without first looking at diagnostic assessment, shared care arrangements and post diagnostic support.

25. In this section of the report we look at:

- The implementation gap between the ambition of policy and lived experience on the ground;
- Diagnostic assessment;
- Private diagnoses and shared care;
- Post diagnostic support;
- The culture change needed to enable neurodivergent people to access a diagnosis and support and to thrive in society.

## Implementation Gap

26. Running through the evidence the Committee received was a significant discrepancy between what the Committee was told about the policies in place to support neurodivergent people and the lived experience of how those policies are realised.

27. As we go on to discuss in relation to education, the workplace and criminal justice there are already requirements in place that are simply not being met.

28. For example, there appears to the Committee to be a major implementation gap between Scotland’s legislative and policy intentions in education compared and the lived experience of pupils and families.

29. Dr Lynne Binnie of the Association of Directors of Education in Scotland (ADES) told the Committee that:

> ...we feel strongly that our legislation allows children to have their needs met in the classroom, regardless of whether they have a diagnosis. [6]

30. However, Marie Harrison of Children in Scotland, amongst many others, told the Committee:

> There is a distinct implementation gap between the wonderful, beautiful policy and legislation… and the reality. [6]

31. The Committee explored with the Minister for Social Care and Mental Wellbeing why this gap between what legislation says and practice on the ground exists. In his response the Minister recognised that the unprecedented and unforeseen increase in demand for support has meant "recalibrating how our systems approach something for which they were not necessarily designed". [7]

32. It is clear to the Committee that there is currently a discrepancy between the policies in place to support neurodivergent people and the lived experience of how those policies are realised. The Committee welcomes the Minister's recognition of a need to recalibrate our systems to respond to that.

33. The Committee urges the Scottish Government and public authorities to engage with those with lived experience to understand fully how systems are working in practice and how they can be better calibrated to meet the needs of neurodivergent people.

## Diagnostic assessment

34. In its report the Health, Social Care and Sport Committee called for urgent, national-level reform to address long waiting times and inconsistent support for neurodivergent individuals.

35. The evidence this Committee received bore out this urgent need for reform.

36. The Committee is incredibly grateful to all those who shared the sometimes very painful experiences they have endured in obtaining a diagnosis.

37. What came across strongly to the Committee was the importance of a diagnosis for so many of the people the Committee heard from.

38. Dr Crabb of the Royal College of Psychiatrists recognised this in his evidence to the Committee:

> Diagnosis can be incredibly powerful and validating; for some people, it can be life saving [8] .

39. This view was echoed by participants in the informal sessions the Committee held and in the roundtable sessions held with Disabled People's Organisations. Leo Starrs-Cunningham of the Austistic Mutual Aid Society Scotland (AMASE) told the Committee that a diagnosis had allowed him to fight for the support he needed. [6]

40. Others stressed that a diagnosis had given them an understanding of themselves. Kabie Brook of ARGH Scotland told the Committee about her experience:

> Before diagnosis, I went through periods of burnout and the doctors thought that it was depression. I have had every antidepressant that you could ever think of—I mean, sometimes I was depressed, because my life was a bit of a mess— but no one understood me, and the major thing was that I did not understand myself. I simply thought that I was a broken human, that I was no good at being human and that I did not really deserve to be here because what use was I anyway. [6]

41. Amongst others, Marion McLaughlin of Aurora Autistic Consulting highlighted the benefits of a diagnosis in terms of being able to find and access a community:

> Speaking for myself, knowing that I am autistic meant that I felt able to go and access the community; I felt better able to advocate for my rights; and I felt as though I could make a difference for my community in a way that I could not do before. It has been life changing and, I would say, life saving for me, as well. [6]

42. Dorry McLaughlin of Scottish Autism stressed the importance of getting a diagnosis early on in life, which can then "set them up for their whole life journey". [9]

43. Participants in the informal engagement session described the emotional impact of finally having a diagnosis. Several participants described having a diagnosis, including private diagnosis, as validating, liberating, helping them understand their lives and personal history, and improving their wellbeing and mental health. Others noted that without an NHS diagnosis, they were not always taken seriously by schools, GPs and other professionals.

44. While some stressed to the Committee the positives of obtaining a diagnosis, others highlighted in stark terms the implications of not having one. In the informal sessions the Committee held with neurodivergent individuals members heard that the absence or delay in a diagnosis can severely impact on people's lives including their ability to succeed in education and in turn the workplace. Tragically, participants pointed to situations where a delay in a diagnosis had resulted in people taking their own lives.

45. As a country we cannot carry on like this. It is completely unacceptable to maintain a situation where people are taking their lives while they wait for a diagnosis.

46. However, the Committee was told that waiting times continue to increase. Carolyn Scott of ADHD Right Now told the Committee that the waiting list in her health board was now 17 years [8] .

47. Moreover, the Committee heard that in NHS Forth Valley and NHS Grampian they have even reached the point where they have ceased diagnosis assessments for adult services altogether.

48. The Committee was told that access to an assessment often only materialises at a crisis point. Dr Jason Lang of the University of Glasgow stressed that there is a

culture where people need to fail before they get support. [6]

49. Bill Colley of the Scottish ADHD Coalition also stressed that the journey to a diagnosis does not begin at the point when someone is put onto a waiting list:

> There is this conception that the patient journey begins when you are put on a waiting list, but the patient journey actually begins when a parent or a young person recognises that the young person has a problem and seeks help [9] .

50. Dr Leonie Boeing of the Royal College of Psychiatrists stressed to the Committee that meeting the current demand for a diagnosis was not conceivable:

> However, the reality is that things have been very process driven and there have been bottlenecks in getting a diagnosis, so there is absolutely no way that we will be able to use diagnoses to address the current waiting list. More than 40,000 children are waiting for some form of neurodevelopmental assessment, and I suspect that that is just the tip of the iceberg, given the issue with underrecording in the data collection systems. It is more important that children have their needs met when they have a need [8] .

51. Rob Holland of the National Autistic Society also emphasised that we do not have the system in place to cope with the number of people who are seeking a diagnosis of autism and, more broadly, assessments for neurodevelopmental issues. He advocated for a longer term plan and funding [9] . This sentiment was echoed by others and chimed with the evidence received by the Health, Social Care and Sport Committee.

52. Dr Crabb echoed this sentiment, insofar as meeting the demand within the current systems is inconceivable. He highlighted that the levels of demand were both unprecedented and unpredicted. He noted too that every economically developed country in the world is facing the same problems and no country has prepared for it well nor has any country found a way to respond to the level of need [8] .

53. With that in mind, Dr Crabb, while recognising that a diagnosis would be critical for some people, emphasised that we needed an approach that focusses on interventions for people now rather than having to wait for a diagnosis:

> When I was working in an autism service, people would wait for five or six years to see me and have an assessment. However, for a large number of people, the help, advice and support that they needed was the same if they had a formal diagnosis of autism or neurodivergence as it would have been if they had traits. The tragedy was that people had been left for four, five or six years because no one wanted to make things worse. General practitioners did not want to say, "It might be autism," because they did not know much about that and did not want to make things worse. Primary care mental health nurses would leave those people alone. Schools, teachers and everyone would withdraw because they did not know what was going on. What those people actually needed was advice about sleep, screen time, exercise and caffeine. They needed some coaching about how to manage lifestyle factors and busy environments and about how to feel more confident in social interactions. I would often give the same package of interventions to someone who had autism and someone who had traits, and the tragedy was that a person might have waited four or five years to see me and to be given that advice, yet I often would not have the time to follow them up and see how that advice was going [8]
> .

54. The Minister for Social Care and Mental Wellbeing expressed support for this approach in his evidence to the Committee. He argued that a model that is centred solely on diagnosis and waiting lists is not sufficient and advocated for a needs based approach. [7]

55. The Committee fully recognises that meeting current demand within current structures is not achievable. The Committee is supportive of a needs based approach. However, as it stands, a needs based approach is not working and it is not leading to improved outcomes for neurodivergent people.

56. Moreover, the Committee is not persuaded that an approach that seeks to move away fundamentally from a diagnosis based approach to a needs based approach is necessarily always in the interests of neurodivergent people.

57. The Committee recognises that a needs based approach could work for some if it was delivered effectively. At the same time, the Committee strongly believes that there are benefits associated with a diagnosis that cannot be achieved without it. A diagnosis allows an individual to understand themselves better and provides an individual with a community. A diagnosis is necessary too to enable an individual to access what could be life changing medication. A needs based approach cannot be a substitute for a diagnosis.

58. Getting a diagnosis for a young person early on in life can set them up for the rest of their lives and allow them to thrive in education, the workplace and life more generally. It is essential that we strive to achieve this ambition for all young

people.

59. Without a diagnosis a person will not be able to access what could be life changing medication too.

60. The absence of a diagnosis will also make it much more challenging for someone to enforce their rights to access support and reasonable adjustments.

61. In supporting an approach that remains focussed on having a diagnosis, we recognise that neither the financial investment, nor the structures, are currently in place to allow individuals to get a diagnosis, and moreover, to get one within a reasonable time period.

62. We also note with concern that although the availability of a diagnosis is inadequate across Scotland, there are certain areas where the availability is clearly even poorer or non-existent.

63. We echo the view of the Health, Social Care and Sport Committee that there should be consistent support pathways across all 14 health boards. This includes establishing a National Standard for assessments to guarantee equitable quality of access regardless of region. We would add that these pathways should ensure access to a diagnosis within a reasonable timeframe.

64. Moreover, the Committee recommends the creation of a long-term strategy and guaranteed long-term investment to support that strategy.

65. Not only did the Committee hear concerns about the availability of assessments, but the Committee also heard significant concerns about the way in which assessments are undertaken. In particular, the Committee heard concerns about the siloed way in which assessments are undertaken.

66. The Committee heard that some places in the NHS are still doing single diagnostic assessments.

67. In the informal sessions the Committee heard about people having to endure multiple assessments that did not meet their needs. [10]

68. Dr Boeing advocated for a holistic approach to a diagnosis:

> We strongly advocate holistic assessments and what we call a biopsychosocial approach. That looks at biological risk factors in the family history, such as exposure to cigarette smoke in pregnancy, premature birth and so on; psychological factors, which might include trauma and life experiences; and social factors such as social exclusion. We advocate looking at all those factors, taking a trauma-informed approach, and looking across the board for neurodevelopmental differences. If you look only for autism, you will find autism, but you might miss the ADHD. If you look only for ADHD, it is very easy to misinterpret hyperactivity, impulsivity and distractibility, which might be caused by trauma or be seen in somebody who is autistic and is really dysregulated by their sensory environment. If you look only through a narrow lens, you will have blinkers on and you will miss the big picture. [8]

69. One member explored with Dr Crabb the links between being autistic and being transgender. Dr Crabb re-emphasised the importance of a holistic approach to assessment:

> My understanding of the research that was cited in the Cass report is that there is a large proportion of young people who identify as being trans who are also neurodivergent. I suppose that the issue is the degree to which that neurodivergency might influence their ability or wish to engage in treatment, including for other aspects in their life. I support the point that, in assessing a young person, we should think not only about neurodivergency but about everything. There are hundreds of different mental health presentations and hundreds of factors that are not psychiatric that influence young people. That highlights the importance of having a really well-rounded, holistic assessment. If you are assessing young people, whether you are working in a transgender medicine clinic or in a mental health clinic, you need to be doing a holistic assessment to a high standard. [11]

70. Robby Steel, principal medical officer for mental health in the Scottish Government's mental health directorate, agreed with the sentiments expressed by the Royal College of Psychiatrists about the need for holistic assessments:

> We need good access to more holistic assessment, which will probably also act as a triage for access to clinical assessment if a person's profile suggests that they might fulfil the diagnostic criteria. [12]

71. As noted earlier, we echo the support expressed by the Health, Social Care and Sport Committee for national guidelines on assessments. The Committee recommends that as part of any national guidelines, there must be an emphasis on holistic assessments. Given the prevalence of private diagnosis, the Committee urges the Scottish Government to ensure that national guidelines apply to private diagnoses in the same way as they apply to NHS diagnoses.

## Private diagnoses and shared care agreements

72. Carolyn Scott told the Committee that although she did not believe in private health

care, arguing that it widens inequalities, she felt she had no option, but to seek a private diagnosis having been informed of the 17 year wait she would otherwise have face with the NHS. [6]

73. She explained, however, that although she could afford the cost of an assessment by using a credit card, the ongoing costs of medication had been crippling:

> I thought that I would have access to medication, but I am in a health board that does not provide shared care, so it will be 17 years before I can get the medication through the NHS... [6]

74. Carolyn Scott went onto explain that the costs of the medication are such that at one stage she had to stop taking the medication, but doing so had made her so unwell that she'd had to return to it and continue to incur debt.

75. She further noted that Lothian Health Board had not undertaken an equality impact assessment in reaching its decision not to enter into shared care agreements.

76. Carolyn Scott's story was not unique. In the informal sessions the Committee held it also heard about people feeling they had no choice but to pursue a private diagnosis even though doing so would put them into debt. Participants in these sessions also echoed concerns about the unwillingness of health boards to enter into shared care agreements. [10]

77. Robby Steel responded to the demand for shared care agreements by suggesting that doing so would allow for those who can afford a private diagnosis to jump the queue. [7]

78. He also expressed concern about quality assurance in relation to private assessments in the context of shared care agreements. He did, however, recognise the potential contribution of the private sector in contributing to the response to pent up demand.

79. The Minister for Social Care and Mental Wellbeing also confirmed that the Scottish Government was giving shared care agreements "serious consideration". [7]

80. The Committee notes the Minister's willingness to give "serious consideration" to shared care agreements.

81. Ideally we should have a system that is predicated on equity of access to assessments for all. Everyone should be able to get access to an assessment in a reasonable time period, irrespective of their financial circumstances. Financial privilege should not allow anyone to obtain a diagnosis more quickly than someone from a less privileged financial background.

82. However, we are not currently in that position and with long waiting times people are feeling compelled to seek a private diagnosis.

83. **As we heard in evidence, it is not just those who can afford a private diagnosis who are seeking it, but many others who are getting themselves into considerable debt to do so.**

84. **In the short-term, while waiting times continue to grow exponentially, it seems inevitable that private assessments will be part of the response to this unprecedented demand for assessments. In these circumstances the Committee urges the Scottish Government to apply that "serious consideration" to shared care agreements, so that those who have felt compelled to seek a private diagnosis, and who have incurred debts to do so, are not then burdened by yet more debt for ongoing medication costs.**

85. **The Committee echoes the support expressed by the Health, Social Care and Sport Committee for Healthcare Improvement Scotland, health boards and GPs to work together to address the problems with shared care agreements.**

86. **The Committee recognises the challenges around quality assurance in relation to private diagnoses, but urges swift progress on national guidelines to overcome them and ensure that there is a standardisation in assessments across the public and private sector.**

## Post diagnostic support

87. The Committee heard that a diagnosis can be life changing, but that can only be sustained if it's accompanied by effective post diagnostic support.

88. Post diagnostic support means helping people who have been diagnosed understand their diagnosis, manage daily life and improve mental wellbeing.

89. Dorry McLaughlin expressed concern about the quality of post-diagnostic support, noting that it must be more than a "piece of paper signposting people to local services". [9]

90. Participants in the informal sessions told members that post-diagnostic support was largely absent unless they happened to find small autistic led organisations themselves.

91. Rob Holland highlighted examples of good practice in terms of post diagnostic support:

> I draw the committee’s attention to the autistic adult support fund and some of the good practice that has come out of it, particularly for adults. That support is predominantly delivered in a peer support environment, led by the autistic adults in a range of areas, including understanding, identity, masking, energy levels and social communication. [9]

92. Participants in the informal sessions, however, stressed that the delivery of post-diagnostic support is patchy and overly reliant on the third sector. Moreover, it was highlighted to the Committee that many of those third sector organisations struggle to secure funding.

93. Jenny Miller of Promoting a More Inclusive Society (PAMIS) reflected her experience in the third sector fighting for packages of care that would really support individuals. She stressed the importance of moving out of silos and working collaboratively to do so. [9]

94. The Committee explored these concerns with the Minister. He conceded that there was a need to improve implementation and noted this would be considered as part of the Children and Young People's Neurodevelopment Taskforce established in October 2025. [7]

95. **The Committee welcomes this recognition of the need to review the implementation of post-diagnostic support. As it stands, it appears to the Committee that post diagnostic support is either unsatisfactory or non-existent.**

96. **The Committee asks that its successor committee is kept updated on this work by the Children and Young People's Neurodevelopmental Taskforce. Moreover, this Scottish Government and the next administration must examine post-diagnostic support for adults too.**

97. **We urge this Scottish Government and the new administration to move toward post-diagnostic support that is collaborative and not siloed and that is less heavily reliant on the third sector. However, where there is collaboration with the third sector, organisations must be able to rely on funding that is sustainable and on a long-term footing.**

98. **Fundamentally, people diagnosed with neurodivergent conditions must be able to access high quality post-diagnostic support irrespective of where they live in Scotland.**

## Culture change

99. To ensure access to a diagnosis, and in so doing, to enable neurodivergent

individuals to thrive in society, there is need to breakdown cultural barriers.

100. The Committee heard in particular about attitudinal barriers that can also contribute to preventing people from being able to obtain a diagnosis. The Committee was told that those who act as gatekeepers to a diagnosis and t sometimes lack the necessary understanding of neurodevelopmental conditions.

101. Dani Cosgrove of Stronger Together for Autism and Neurodivergence (STAND) shared with the Committee what she is seeing on a day to day basis:

> I am on the ground with the children we support and their families most of the week, and we hear that, because they have to go through their school or their GP in order to get a diagnosis, the outcome very much depends on whether the young person is believed. If the child is masking, they are told that they are fine, and that is seen as success, so the school will not proceed with the paperwork to get a diagnosis. In such a case, it is really hard for parents to show the evidence that is required. [13]

102. In a subsequent written submission, STAND stated that:

> We need to draw a line under the practice of asking neurodivergent people and their families to justify why deserve better, and instead ask public authorities why they are not doing better. [14]

103. Amongst others Bill Colley and Dani Cosgrove also stressed to the Committee that the views of parents in deciding whether a child should get a diagnosis are not being given sufficient weight.

104. Dani Cosgrove expanded on why parents' views are so important, explaining the "coke bottle effect" in terms of how children behave at school and how it differs at home:

> A lot of children mask all day at school and then come home and show neurodivergent behaviours. I call it the Coke bottle example: they hold it in and then go home and explode. A lot of the time, it means that the school’s approach is seen as compliant or successful, and we then expect teachers to be the ones who give evidence on it, even though they are not seeing the evidence. You could have an amazing teacher—my son does—who listens and helps you, but we also see a lot of families who have children whose teachers are not willing to do that. The teachers say, “Well, they are fine here. If we had a referral for every parent who thought their kid was having a hard time, we would be here all day.” We have actually heard teachers say that. [14]

105. The Committee heard too that GPs can also act as a barrier to a diagnosis. Bill Colley shared this concern with the Committee:

> Often, they will start at the primary healthcare level by going to their general practitioner, and it is possible that they will get knocked back with a false negative diagnosis at that point. Ensuring that GPs have more sensitivity about the issue and providing tools to help GPs recognise neurodevelopmental disorders would be a major step forward. Such tools exist; they are just not implemented at the moment. [13]

106. Robby Steel noted that some will adapt to change more quickly than others:

> With any change, institutions and individuals vary in their rate of adaptation to that change. You observed that in some schools, it comes down to one teacher who has really got it and is really good with the kids with these difficulties—maybe other teachers are old dogs like me who do not learn new tricks so easily and have not adapted. That is always going to happen with any change. [7]

107. **The Committee urges this Government and the next administration to provide guidance and leadership to ensure that children are not precluded from the assessments they need as a consequence of them not being believed by gatekeepers such as teachers or GPs.**

108. **The Committee calls for a system and culture where far more weight is given to the views of families and where teachers and GPs are less able to dismiss these views.**

109. **Alongside greater weight being given to the views of parents, more mandatory training must be given to all those who act as gatekeepers to ensure they have an up to date understanding of neurodevelopmental conditions. While it is to be expected that some will adapt to change more quickly than others it should not be acceptable for some not to adapt at all. When it comes to teachers, for example, there should be an expectation that all teachers understand how to support neurodivergent children.**

110. The Committee also heard calls for wider societal change in how we respond to the needs of neurodivergent people.

111. Dr Boeing noted in her evidence to the Committee:

> If we are in a position in which 43 per cent of children have some sort of additional support need, something is not right. It is great that that is now recognised, but that is a sign that the universal offer is not okay. [11]

112. Hannah Axon of COSLA suggested that there are perhaps initial signs of a cultural change in terms of people's willingess to come forward and seek a diagnosis:

> ...I wonder whether some of the rising demand for diagnosis is due to the fact that we are beginning to see the start of that cultural shift. We are seeing self-stigma reducing and people being more comfortable about coming forward and saying, “I need support with this” or “What does this mean for me? [15]

113. Dr Lang, however, stressed that neurodivergent people are currently excluded from society and we must stop focussing on thinking how to help them to act in a more neurotypical way:

> There is significant evidence that neurodivergent people are excluded from society systemically. The problem is not how we support them to be more neurotypical; the problem is how we think about our systems in the long term in a way that means that everybody can actually access them. [15]

114. Dr Lang went on to provide the Committee with an illustration of how we can improve society for neurodivergent people and society more generally:

> According to the most recent figures, 43 per cent of children and young people are currently identified as having additional support needs in education. That seems unreasonable... I made a bit of a meme, if you like, which said that if someone owned a supermarket and 43 per cent of their customers could not reach the shelves, what would their problem be? It might not be appropriate to tell the customers to reach harder, which is what often happens, unfortunately—parents tell us that children are told to reach more, try harder and do better... The supermarket could employ a lot of staff with stepladders to help people to reach the shelves. That is currently what we do—kind of. People run around with stepladders, which are, in this case, ASN supports and reasonable adjustments...The other option is to redesign the supermarket shelves and bring them down to a level at which people can actually access them. [13]

115. Dr Lang also stressed that there must be much more emphasis on the positives of neurodivergence:

> We have to get away from the idea of a deficit—the idea that there is something wrong with people and they are a problem. We need to move to affirming approaches whereby neurodivergent children can celebrate their identity. Otherwise, there will continue to be a massive loss from an economic point of view. In these troubling times, we need to consider what the point of neurodivergent people in the population is. All populations survive because of their diversity. If we were all exactly the same—if we were all clones—we would not survive. We need the diversity that is designed into the population and is meant to be there. [15]

116. The Minister recognised in his evidence to the Committee the need for societal change:

> ...our world is perhaps still characterised by the norms and approaches that are relevant to neurotypical people but which often disregard the way in which neurodivergent individuals experience the world. That is something that we must address. [12]

117. The Committee welcomes this recognition from the Minister. The Committee calls on the Scottish Government and the next administration to provide leadership to effect cultural change in how we see neurodivergence and how society more generally perceives and values what neurodivergent people can bring to the world.

118. Although there are perhaps some signs of reducing stigma in the willingness of individuals to seek a diagnosis, that diagnosis continues to be viewed as a deficit. As stated by Dr Lang, we need to move to a society that values and celebrates diversity.

119. With so many people being seen as neurodivergent, we must move away from a world in which people are encouraged to conform to neurotypical standards and the Committee urges the Scottish Government and the next administration to consider how we progress to such a neuro-affirming society.

# Education

120. During the inquiry, the Committee looked at neurodivergent people and their families' experiences throughout the different levels of the education system in Scotland.

121. Dr Lynne Binnie explained that the Education (Additional Support for Learning) (Scotland) Act 2004 ("the ASL Act") establishes the legal framework for identifying and addressing the additional support needs (ASN) of children and young people [6] .

122. The ASL Act does not require a formal medical diagnosis for a child to receive support for learning. It says that a child has 'additional support needs' if they need extra or different help compared to other children their age in their local area. It also says that local authorities must give each child with additional support needs the help they need to fully benefit from their education.

123. Dr Binnie told the Committee that the ASL Act allows children to have their needs met in the classroom and outlined the process as follows:

> The support should be put in place—the requirements are largely identified by the class teacher, and many different levels of support can be put in place. That is often recorded in a child's plan, which is the way that we take forward the getting it right for every child framework in Scotland [6] .

124. Stakeholders praised the Scottish legislation and the policy intent behind it. However, the Committee has heard from numerous stakeholders that there can be a gap between what is set out in legislation and what families have experienced in practice. Dr Jason Lang told the Committee of his experience:

> It has been expressed to us that there is a general culture that people need to fail before they are able to get support, which causes damage to young people. There is no, or very limited, anticipation of problems [6] .

125. As noted earlier, the Committee was told by stakeholders that a diagnosis is often an essential gateway to accessing support. Some described situations where children have been denied access to resources or wider support because they did not have a formal diagnosis. Several describe waiting years for assessments and the impact this had, including missing school, as well as causing distress and anxiety. Some raised concerns about relying on a formal diagnosis when waiting lists are overwhelmed by demand. Some witnesses warned that there are children who may not meet diagnostic criteria but still need help while others may have been misdiagnosed or receive a formal diagnosis after years of misdirection.

126. The Committee heard that several factors contribute to this gap in implementation. Stakeholders pointed to pressures within local authorities, including limited funding, workforce shortages, and the growing complexity of children's needs. They further argue that as these pressures increase, the gap between intent and delivery grows wider. Stakeholders told the Committee that this gap leaves families frustrated, as they know what the law entitles them to but still cannot access the support they should receive. Marie Harrison told the Committee:

> What happens in such a situation is that parents and children and young people become very frustrated and agitated, because they can see where they should be able to access those services. They can see that they should be able to have an education that caters to their needs, but that is not possible [6] .

127. Marie Harrison added that as these pressures increase, the gap between intent and delivery can grow wider. She told the Committee that in this situation some families turn to tribunals to secure support, but this then in turn makes it harder for local authorities to deliver services [6] .

128. Angela Evans of the Donalson Trust advocated for a shift toward inclusive decision‑making in education, stressing that the voices of neurodivergent learners must shape the systems designed to support them. She highlight the need for meaningful representation so reform is based on lived experience and told the Committee:

> I think that inclusive governance will give us a shot at narrowing the gap between policy and practice [6] .

129. Stakeholders have consistently described a gap between the law and lived experience. The following sections seek to identify the issues that contribute to this gap in implementation and opportunities to address them, focusing on:

- Workload pressures, support for schools and training
- Reasonable adjustments
- Systemic reform
- Communication and culture
- Inequality and wider impacts.

## Workload pressures, support for schools and training

130. Stakeholders raised concerns over the gap between the policy intent and the reality in schools. The Committee repeatedly heard from stakeholders that 43 per cent of children in Scottish schools will have some sort of additional support need. Stakeholders acknowledged that some teachers are working hard to support neurodivergent learners but are doing so under significant strain, often without support from specialist services, or the time and resources they need. Maura Kearney argued that a sharp rise in identified needs in recent years has had a considerable impact on the educational system:

> With regard to the structures that we work within, we have seen increased pressure in relation to additional support needs. We have seen, locally and nationally, the number of children who have been identified as having neurodivergence triple over the past five years, so you can imagine the pressures in the system [6] .

131. Evidence from NASUWT outlines that teachers have reported that the number of pupils with additional needs has increased in recent years and that their needs have become more complex, while the level of support available has decreased. According to NASUWT, almost half of teachers say pupils who have been identified as needing specialist provision remain in mainstream settings because specialist places are full. They also noted reductions in specialist provision as local authorities try to manage budgets. Ninety four per cent say their workload has increased due to underfunding for specialist ASN services. Only 2 per cent of teaching staff say they always receive the support they need to teach pupils with additional needs effectively, and 46 per cent say they rarely or never do. [16]

132. The Committee heard that teachers are working hard within these circumstances, but high class sizes, limited specialist support and tight budgets make it difficult to deliver what pupils need. The Committee also heard that early assessment tasks are increasingly falling to schools, a point illustrated by Hannah Axon:

> One was the front loading...of the ask into education around preliminary assessment and diagnosis, and the filling out of different forms with the pieces of information that health services require. The education sector is potentially putting more work into this space than has ever previously been put in. I think that it is useful to acknowledge the demand that that is placing on education [6] .

133. Several witnesses emphasised that classroom teachers are often willing to learn but are expected to take on this training in their own time. Reflecting the scale of pressure on the workforce, Dani Cosgrove told the Committee:

> I do not think that the issue is always with people not wanting to learn. Teachers are coming to us and are paying for the training themselves. They are doing it in the evenings and in their free time. A lot of the time, teachers want to learn [9] .

134. Jenny Miller also said teacher workloads leave little space for genuine reflective learning or consulting with health colleagues on how best to tackle an issue. She said:

> It is becoming increasingly difficult for teachers to do the million and one jobs that they are asked to do, alongside practising education [9] .

135. On resourcing, Hannah also told the Committee of findings from COSLA and the Scottish Government's review of the implementation of a neurodevelopmental service specification [17] for children and young people:

> We found that the level of resourcing for additional needs was really challenging. There has not necessarily been any additional resource coming in, certainly not as a result of the neurodevelopmental specification ask. The financial resource, and also the staffing resource, presents a real challenge [6] .

136. Gerard Wilkie of Educational Institute of Scotland called for a long-term approach to resourcing , warning that in his view teachers cannot meet rising levels of need without smaller classes and greater access to specialist ASN expertise:

> Scotland needs a long-term resourcing strategy. We also need action to reduce class sizes and significantly enhance the availability of specialist ASN and support and expertise in our schools. The reality for teachers is that in a class of 33 children, which is the typical class size in a mainstream school, more than 14 of those children will have an additional support need of some sort. Some might have a dual diagnosis, and they will all vary in terms of complexity[6] .

137. Teacher training around supporting neurodivergent children was raised as another concern. There was agreement among stakeholders that, on the whole, teachers want to help, but they have been given only a few hours of neurodiversity training, which was not sufficient to address the complexity they face in classrooms. Witnesses called for sustained professional development, access to specialists, and national standards setting out what good training looks like. Dani Cosgrove highlighted that where specialist training had been undertaken, such as in the case of her son's teacher who trained in Poland, the difference in support for neurodivergent pupils was "tangible". She explained that in Poland, teachers undertake dedicated degrees or postgraduate qualifications to work with children with special or complex needs. She described her experience with this teacher:

> We feel supported and listened to, and the teacher takes our advice. We have child’s planning meetings—CPMs—but she also has informal chats with us. She communicates every day. She gets it. She does not tell us; she wants to learn from us, as his parents. He is non-speaking, so he cannot go down the route of telling her things. As he does not have a voice, we are his voice, and she is very receptive to that. We did not have that when he was in mainstream education, unless we had the luck of having a good pupil support assistant for instance[9] .

138. Dani Cosgrove further elaborated on this giving her view on the sort of training that should be required in schools:

> Going back to the point about training, I am not saying that every teacher needs a master’s degree, which can be a long way away, but I think that training needs to be mandatory. I completely agree with that: it needs to be mandatory and neurodivergent led. It needs to include neurodivergent people in some aspect, whether that is the children or the parents[9] .

139. In his view, Dr Jim Crabb told the Committee that "everybody in the public sector should be trained in neurodiversity awareness" with a once-for-Scotland offer to reduce variation and relieve specialist teams[8] .

140. Witnesses also spoke of the difficulty of adapting older school buildings to create suitable spaces. Hannah Axon noted:

> ...challenges in creating in older buildings, for example, the types of spaces that every neurodivergent learner might need. There are a range of needs and a range of spaces, so how can that be done in a way that works for everybody? There is massive pressure on capital funding, and it looks as though the pressure will be even more substantial as a result of the coming year’s budget. The work is being done well and creatively, but there are a range of pressures[6] .

141. In response to the Committee's concerns on education and teacher training, the Minister for Social Care and Mental Wellbeing highlighted the importance of the Committee's report and committed to considering its findings:

> I appreciate that the committee has taken evidence on education and training and I will be keen to consider what comes out of the committee’s report. I give an undertaking that that will be shared with my colleagues, including the Cabinet Secretary for Education and Skills, and with relevant officials. I do not want to speak in any detail on an area that is outwith my direct portfolio responsibilities, except for recognising that ASN is a component part of initial teacher training...As ever, the Government will give careful consideration to the report that the committee produces, which will be shared with the relevant minister and with officials [12] .

142. Scottish Government official, Georgia de Courcy Wheeler, added information on teacher training:

> We funded a project in this financial year to give parents access to digital support and advice, peer support, workshops and so on. There is also access for the teachers of those parents’ children and we are interested in seeing what the outcomes are and how that is received by teachers. We will use that to inform further thinking with our education colleagues about teacher training opportunities [12] .

143. She further outlined work on both the development of resources and uptake:

> ...we have worked with the National Autism Implementation Team and also with NHS Education for Scotland to develop quite wide-ranging resources and information for people who work across health, education and the third sector. The resources are available for everybody to engage with...we recognise that we could do more to promote the uptake of those resources and we are working with NAIT and NES to explore how to do that [12] .

144. Georgia De Courcy Wheeler further spoke about the pressure on teachers and associated difficulties in undertaking continuous learning and improvement. Referring again to the task force, she said:

> We have work under way to develop a clearer picture of all the different roles of professional groups that might interact with a child and family. That will help us identify where there are gaps, including in support, training and knowledge around a child in the school arena. That will help us to build on what we do to plug those gaps, for example, where professional groups might need more support to access training in order to fulfil their responsibilities. That work is in development [12] .

145. The Committee recognises that teachers and schools are facing rising levels of need to support neurodivergent students, without always having the adequate staffing, training or specialist support this requires. It is clear that further work is needed to support schools to understand and navigate this complexity. We therefore recommend that future legislation should place clearer duties on national and local government to strengthen the workforce needed to deliver ASL

responsibilities, including national standards to improve teacher training, increased resource and capacity and wider access to specialist ASN professionals.

146. Moreover, delivering meaningful support for neurodivergent children and young people requires a coordinated, whole system approach around the child, with education working with health, social work and the third sector. A ‘community’ of support services. The Scottish Government and the next administration should consider how schools can access in house, a full range of specialist support, including educational psychologists, occupational therapy, speech and language therapy, and other allied and family support services, so that support is provided earlier, joined up, and consistently available. Consistent and high quality ‘community’ support should follow the young person in their transition from primary to secondary education and then in their transition to adult services.

## Support for neurodivergent teachers

147. Although the Committee has explored the broad general experience of teaching staff, it has focused on the experience of children and young people in schools. It has not specifically explored the experience of neurodivergent teachers.

148. Experiences shared during engagement events suggest this is an area that may need further attention. Some teachers described how being neurodivergent themselves helped them support pupils with similar experiences. Others said that issues raised in school led to recognition of their own neurodivergent conditions.

149. Dr Leonie Boeing told the Committee that universal, trauma‑informed neurodiverity awareness should be available for all school staff and can helps pupils and neurodivergent teachers alike [8] .

150. In correspondence, NASUWT called on the Committee to consider the perspective of neurodivergent teachers as part of its overall system evaluation. The organisation provided findings from its 'Fair Work for Neurodivergent Teachers' project, stating that:

> Neurodivergent teachers have had negative workplace experiences and have greater difficulty in accessing Fair Work and leadership opportunities.

151. The Committee suggests that its successor committee and the next administration may wish to explore the experiences of neurodivergent teachers in greater depth. This could help build a clearer picture of how well the system supports them and where improvements are needed.

# Reasonable adjustments

152. Views were divided on reasonable adjustments for neurodivergent learners in

Scottish schools. Dr Binnie told the Committee that many schools are already working hard to meet diverse needs, with teachers making regular adjustments in the classroom:

> I am very confident that all our schools make reasonable adjustments in a number of ways to meet the diverse needs of learners...Government figures tell us that the majority of children with additional support needs are having their needs met in the classroom, and that it is the class teacher, through differentiation in practice, who is putting in place the reasonable adjustments that enable those needs to be met [6] .

153. However, families and advocates report a very different experience. They describe adjustments that are inconsistently applied, withdrawn too soon, or misunderstood. Some stakeholders gave examples of pupils finding themselves isolated in separate rooms, despite this being labelled as a reasonable adjustment. Dr Lang spoke about his daughter's experience:

> ...my daughter is not able to attend education any more, because she had reasonable adjustments in place that were systemically ignored by the school from time to time. For an autistic person, that is completely devastating, because they do not know when it is going to be okay and when it is not. That fear of uncertainty is very destabilising [6] .

154. Other witnesses spoke of having supports removed once they appear to be coping, only to crash again later. Marie Harrison gave the following example:

> The Enquire[i] staff also gave me examples of support being put in place but then being removed once the consensus is that things have improved. That can be quite detrimental as the young person gets to a point where they feel that they are actually achieving, but then reducing that level of support causes another crash. There was a case in which the removal of the one-to-one support that a young person received at lunch time and break time led to police involvement, because the young person fell through the cracks and was completely unable to cope [6] .

155. Some spoke of children being given time‑limited support slots that do not align with their moments of distress. Marie further spoke of Nova's experience:

> ...[Nova] told me about a situation where she was unable to attend school. Her emotional wellbeing was more important than her attending at that point in time. When she slowly started reintegrating into the school environment a plan was drawn up and reasonable adjustments were made, and she was told that support would be available to her. When she found herself at crisis point and went to the hub where she had been told she could access that support, she was turned away and told to come back an hour and a half later because that was her scheduled slot for support. Young people’s emotional distress does not follow a schedule, so the reasonable adjustment that was put in place was, in effect, a paper exercise, and that young person who needed to access support was told to go away and come back later [6] .

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[i] Enquire is a Scottish advice service for additional support for learning.

156. Parents also told the Committee that adjustments depend heavily on whether individual teachers believe a child’s difficulties or not, meaning a pupil might be supported well one day and refused the same support the next. Dani Cosgrove told the Committee that adjustments can amount to a 'person lottery', where a child may receive support from one teacher but be refused the same support by another. She spoke about this being a particular issue in high school giving examples of adjustments being put in place by one teacher and not by others:

> Especially when they get to high school, children have different teachers for different subjects, which might mean that one teacher puts in reasonable adjustments but the next one does not—they might take away an early lunch pass or not give out the fidget toys[9] .

157. Speaking about the importance of a diagnosis in order to access reasonable adjustments. Dani Cosgrove, told the Committee that this creates mistrust and prevents families from accessing evidence to support a child’s needs:

> I have two children, and one is diagnosed and the other is not... I support many families who have exactly that issue of the young person being in between in that way. We have seen local authority training that actually instructs staff not to use emails and instead to use phone calls, so that subject access requests cannot be made, or not to use children’s names in emails because of subject access requests. The training actually tells staff to look through the lens of a solicitor at correspondence that is sent by email, so that they cannot be challenged later if things go wrong. That means that parents cannot access the information to get evidence to show that their child might need a diagnosis. It is really hard[9] .

158. Dani further explained that children who mask at school are frequently seen as "fine", she described this as a major barrier to assessment and support:

> You could have an amazing teacher—my son does—who listens and helps you, but we also see a lot of families who have children whose teachers are not willing to do that. The teachers say, "Well, they are fine here. If we had a referral for every parent who thought their kid was having a hard time, we would be here all day." We have actually heard teachers say that[9] .

159. Another recurring theme around adjustments was in relation to the definition of 'reasonable'. Marie Harrison pointed out to the Committee that views on what is reasonable can differ widely, stating that:

> What is considered reasonable is quite open to interpretation. Often, parents will have one idea, schools will have another and—believe you me— children will have their own idea of what is reasonable for them. We really need to listen to children and put them at the absolute centre of discussions about support for them. Following that, we need to think about who the adjustments that are put in place are actually for[6] .

160. In his evidence, Dr Jim Crabb spoke about the need for more awareness about adjustments in society:

> If somebody feels that they need those adjustments, they should be provided. I find it remarkable in my practice, when we speak to tutors at colleges, teachers at school or—with people's permission—employers, and they say, "Of course, I would have done that ages ago if I had known it would be helpful. That is not a big deal." It is about having really clear advice about reasonable adjustments across society, because they will be helpful whether someone has a formal diagnosis or traits. Even for a child or young person who is not neurodivergent, there may be a benefit to them if a school is able to offer things such as a movement break [8] .

161. As noted earlier, in his evidence to the Committee the Minister for Social Care and Mental Wellbeing attributed variation in support, in part, to rising demand and changing definitions of neurodevelopmental conditions which mean current systems need to be recalibrated. He added that greater consistency is needed, linking this to the task force's work and better information for parents and teachers [12] .

162. The Committee has heard that adjustments for neurodivergent pupils are at best inconsistent, short-lived or dependent on individual staff and at worst non-existent, leaving children without the reliable consistent support they need. Schools are obliged to make reasonable adjustments. The Committee urges the Scottish Government and the next administration to give further consideration to how it can be ensured that schools are implementing this requirement. The Committee also recommends that this Scottish Government and the next administration work with the Equality and Human Rights Commission to consider how its technical guidance on the Equality Act for schools can further implementation.

163. Ultimately, we would urge the Scottish Government and the next administration to provide leadership in a drive toward societal change that is not reliant on reasonable adjustments that enable neurodivergent pupils cope in neurotypical world.

## Systemic reform

164. Stakeholders argue that the structure of the education system is not suitable for neurodivergent children, or for children with additional needs.

165. Witnesses cited large class sizes, timetables, movement between classes, crowded corridors and rigid assessment models as barriers that are particularly hard for neurodivergent pupils. Marie Harrison told the Committee that in her view the education system that prevails was largely set up back in the 1900s as a response to industrialisation. She said:

> We have transcended that society, and children and young people today live lives that are very far removed from the lives of the children for whom education was set up to cater [6] .

166. Witnesses suggest that alternative assessment methods, redesigned environments,

and different movement patterns, such as teachers moving instead of pupils, could reduce anxiety and improve attendance.

167. Calling for a fundamental redesign of the system, Dr Lang told the Committee that the difficulties facing schools stem more from the structure of the system than from the children who need support. He explained that:

> There is significant evidence that neurodivergent people are excluded from society systemically. The problem is not how we support them to be more neurotypical; the problem is how we think about our systems in the long term in a way that means that everybody can actually access them[6] .

168. Dorry McLaughlin argued that one‐off training or localised improvements, while welcome, cannot compensate for structural gaps in the wider system:

> We need to have systemic change...so that, instead of people in organisations undertaking only one hour of autism awareness training, we have people such as May Dunsmuir working for the children’s tribunal service, who are really understanding the issues, co-producing and bringing about cultural changes that mean that autistic and neurodivergent people are properly supported. We can help people get only so far before they get into a crisis situation...[9]

169. Scottish Government official, Georgia de Courcy Wheeler, spoke about plans for the funding for neurodevelopmental assessments as detailed in the 2026-27 Scottish budget:

> As the minister said, our focus at the moment is on whole-system, needs-based support and we are guided by the neurodevelopmental specification. Along with our partners at COSLA, we are working through how that funding can best be utilised to deliver the biggest impact and change for neurodivergent children and young people and their families[12] .

170. The Committee heard that many of the challenges faced by neurodivergent learners may stem from the structure of schooling itself, including large class sizes, movement between classes, sensory‐intense environments and narrow assessment models, all of which can make inclusion difficult. The Committee urges the Scottish Government and next administration to consider how it might achieve long‐term system redesign to make the education system universally accessible to all pupils.

## Communication and culture

171. The Committee has heard that some of the issues families face can arise from how services communicate and the culture that sits behind those interactions.

172. Both Hannah Axon and Dr Jason Lang highlighted communication gaps between services, explaining that education services, health services and families often have different expectations. Hannah told the Committee that there is "a lack of clarity around what the roles of different stakeholders are", with schools and CAMHS each

assuming the other will provide support, leading to situations where a child is referred to CAMHS and then sent back for support from the school [6] . Dr Lang echoed this, stressing that "health and education are two separate services" and that while health professionals can make suggestions, these "may not be practical or appropriate in schools" [6] . There was agreement that while each service wants to help, gaps in communication can mean that no one has a full picture of what a child needs or what is realistic for each service to provide.

173. Some stakeholders thought that this confusion was reinforced by elements of a wider culture that still exist as discussed before. Dr Lang spoke about a 'deficit-based cultural model' and the way the wider school system treats neurodivergence as something to correct, calling for a culture shift:

> ” There is an internal narrative, which we have all been steeped in for many years, of a psychomedical model of deficit around autism. That is how you are diagnosed with autism; it is a case of, "I have a deficit in this, I have a deficit in that and I have a deficit in the next thing." There has to be work on that. We have to get away from the idea of a deficit—the idea that there is something wrong with people and they are a problem. We need to move to affirming approaches whereby neurodivergent children can celebrate their identity [6] .

174. Families say they now feel more able to ask for help but the system has not yet adapted to this change. From an educational perspective, stakeholders felt there was still significant work to do to shift both the underlying culture and the structure of the school system. Angela Evans told the Committee:

> ” At a classroom level, if we want to shift barriers and attitudes, we need a rights-based approach that moves the focus from the child to the environment and the system that they are in [6] .

175. Dani Cosgrove told the Committee that misunderstanding and stigma drive harm in the education system. In follow-up correspondence, STAND argued that one cause of this stigma is the way some services describe children's distress as violence. They explained that this language misinterprets distress as intentional aggression, reinforces harmful stereotypes and places moral blame on children instead of recognising unmet need. STAND also warned that these narratives can erode trust between families and schools and, when embedded in institutional responses, deepen prejudice and prevent children from getting the understanding and support they require [18] .

176. In his evidence to the Committee, the Minister for Social Care and Mental Wellbeing spoke about the recent review of the neurodevelopmental service specification for children and young people which led to the creation of a cross-sector task force. He explained that this group will work to improve the development of the specification, bringing together health and education leaders and recognising the need for rounded, cross-sectoral working and that many neurodevelopmental needs are first noticed in schools [12] .

177. **The Committee recognises stakeholder concerns about communication failures both within schools and between services, which leave children and families**

without clear or coordinated support.

178. Communication failures range from the use of ableist and prejudicial language, to communicating in dismissive tones, to a complete lack of communication.

179. To address this, the Committee recommends stronger joint working between education and health sectors, supported by more reliable internal systems so that information about a child's needs is shared and acted on consistently. The Scottish Government and the next administration should consider how clearer national protocols, improved guidance and, where appropriate, legislative duties could help ensure public bodies coordinate more effectively.

180. We recognise the wider shift towards a more neuro‑affirming society and believe this must be reflected more strongly within Scotland's schools so that diversity in learning is understood as a normal part of human development. The Committee therefore recommends that the Scottish Government embed neuro‑affirming practice through national training and clear leadership expectations, and consider whether duties are needed in future legislation to ensure that practice across the system upholds rights‑based, inclusive values.

181. The Committee also recommends that the Scottish Government work with professional bodies, including teaching unions, to support a consistent approach that avoids reinforcing stigma, strengthens trust with families and ensures that children's needs are properly understood and met.

## Inequality and wider impacts

182. During the inquiry, witnesses have raised inequality as a significant concern across the educational system, noting that it runs through the system, shaping both the support that children receive and the pressure placed on families. The Committee has heard that local authorities, schools and wider services all work differently. This leads to children in similar situations receiving very different help depending on where they live. Importantly, the Committee also heard that these differences are not fixed. Bill Colley emphasised that the 'postcode lottery' shifts as staff change roles, services reorganise or local priorities move, so families can see support improve or disappear over time [9] .

183. Dr Binnie explained how resources are allocated within schools and that decisions about staffing and support are made locally:

> Headteachers have to decide how to allocate the resource in their schools to prioritise the children with the greatest need. That is a reality of the system, and it impacts on the definition of a reasonable adjustment. Reasonable adjustments have to take into account the resource that is available.
>
> That is the system for allocating resources that we currently operate in Scotland. They come from the Scottish Government to local authorities, and then go from local authorities to schools. It is not for ADES or headteachers to determine whether there need to be changes to that system. However, that is, in large part, why there are differences in the resources that are available for children and young people with additional support needs [6] .

184. Other witnesses thought that these gaps cannot be effectively addressed locally, calling for stronger national direction to bring more consistency across the country between local authorities and within local settings. Marie Harrison told the Committee:

> Part of the difficulty is that the approach is extremely individual not only to local authorities but to the cultures in particular schools, which means that issues are being addressed in very different ways [6] .

185. Hannah Axon argued that the variation goes beyond education itself. She explained that wider services, such as third-sector family support and health services for neurodivergent children, also differ across the country, and those differences feed back into what schools can offer. She said:

> The resources that are available vary significantly across the country… There is variability, which you then have to think about in a school setting and consider how to interact with that [6] .

186. In her evidence, Angela Evans stressed the need for rebalance, calling for national action and direction:

> We need national direction and a shared understanding on data investment. We need thought to be given to provision and access, so that resources are equitably shared across local authorities. We need to consider workforce capacity, so that we have increased and protected investment for our schools. We also just need to lift the lid on the system pressure a little and have whole-system capacity building to build consistency across local authorities [6] .

187. Some witnesses also highlighted the view that these inequalities do not stop at the school gate. Witnesses also explained that when children are informally excluded or offered only limited timetables, parents' ability to work is severely affected. These failures in the school system affect families' daily lives and their ability to work or cope. As Marie Harrison articulated:

> We have examples of families who are struggling financially and emotionally because the children can access education for only one and a half hours a day [6] .

188. The Committee heard that access to support can vary widely across Scotland. As noted in the section of this report on post-diagnostic support, sometimes support is non-existent. To ensure consistency, the Committee recommends the Scottish Government and the next administration consider establishing national minimum standards for support and improving how data is used to identify inequality, and introduce national oversight. The Committee asks the Scottish Government and the next administration to consider whether such standards should be set out on a statutory footing.

# The workplace

189. The Committee explored how neurodivergent people experience work in Scotland and the challenges they face accessing employment and in workplace settings.

190. Throughout this inquiry, the Committee has heard that despite the wider cultural and societal shift towards a more neuro-affirming society, stigma and discrimination still exist in the workplace. Kabie Brook speaking about an ARGH Scotland survey said:

> Ninety-two per cent of people who responded to our survey felt that they had been bullied in the workplace, and 75 per cent had been discriminated against. Those are big numbers. Those experiences can bring misery, particularly if they come on top of previous trauma following experiences of bullying and discrimination [8] .

191. Stakeholders spoke about how many neurodivergent people do not feel safe to disclose their needs in the workplace or potential workplace. Alan Thornburrow said:

> In our experience, disclosure in the workplace is anaemic—it is under 5 per cent. That is driven by a few things, such as stigma, but fear and discrimination sit beneath that. There is evidence from multiple sources, including CIPD, that speaks to that [6] .

192. During the Committee's visit to Salvesen Mindroom, participants spoke about fear of disclosure, concerns about not being believed, and cases where revealing neurodivergence damaged work opportunities. Several contributors explained that uncertainty, unspoken expectations and a lack of clarity make daily working life exhausting, while others spoke of masking, people pleasing, gendered expectations and long-term burnout as a result.

193. In her evidence, Jill McAlpine of the Federation of Small Businesses Scotland argued that teams perform better when people feel safe and uncertainty is reduced:

> Google’s project Aristotle found that the number 1 driver of high performance in teams is psychological safety. Furthermore, there is well-cited research from Amy Edmondson at Harvard Business School that says that uncertainty and friction are the biggest hidden cost to businesses. If we look at the issue with a business mindset, it makes more sense for us to focus on creating the conditions for a high-performing team. If you do not deal with those three elements in your workplace, it will be a lot more uncomfortable for somebody who is autistic or someone like me who has ADHD. Most people do not want to have that conversation with you, so you should create psychological safety in your workplace, and ensure that you reduce friction and uncertainty. Let people know what the unwritten rules and the conversation clips are [6] .

194. The following sections seek to identify specific workplace challenges and explore ways to address them, focusing on:

- Recruitment and retention

- Cultural change and support for employers
- System design
- Cross sectoral and wider impacts.

## Recruitment and retention

195. Recruitment challenges were raised as a significant issue, with stakeholders arguing that many recruitment processes are designed in a way that can work against neurodivergent candidates when they may be more than capable of doing the job well. Stakeholders described challenges of:

    - automated screening tools that favour applicants who write or communicate in a very standard way,
    - rigid online forms that only allow one style of response or require long text answers, which can disadvantage people who communicate differently or need more flexibility,
    - recruiting based on qualifications, despite many neurodivergent learners struggling to gain these through traditional school routes, and
    - narrow interpretations of good communication during interviews, such as eye contact, tone, or a particular interview style, which again can disadvantage neurodivergent applicants.

196. The Committee heard that it is estimated that employment rates are 29% for autistic people, compared with Scotland's national employment rate of 82.5% for non-disabled people and 50.7% for disabled people.

197. Leo Starrs-Cunningham told the Committee of his experiences:

    > I can say, having worked for small outfits and multinational corporations at different levels, that what I have noticed—and obviously more so recently—is the use of screening software, essentially to spot neurotypical candidates. As a result, we are not even getting through the initial screening, because it is not even an actual human doing the initial sift [8] .

198. David Cameron of the Scottish Union of Supported Employment told the Committee that employers need to build their own understanding of "the diverse range of talents that exist" and that organisations that are not open to everyone in the community end up missing out on great candidates. He argued that organisations should test their recruitment processes with neurodivergent people, because in his experience many employers move systems online without checking whether they work for disabled applicants [6] .

199. The Committee also heard that the idea of what is a reasonable adjustment can vary widely between organisations. Even when adjustments are offered, some stakeholders told us that applicants find that their answers are judged negatively because they do not follow expected patterns. Sofia Farzana of Scottish Ethnic Minority Autistics spoke of her experience of accessing reasonable adjustments for

job interviews such as getting the questions in advance and being given time and being able to bring in notes but why that sometimes isn't enough:

> However, that did not help me to get any jobs—being given that reasonable adjustment and being openly autistic and ADHD with the people who were recruiting, and the fact that my answers to the questions were very ADHD, were the very reasons why my job application was declined. I can do all the preparation in the world, but I cannot change my non-linear thinking. Reasonable adjustments are, therefore, only as good as the understanding of why people are given them [8] .

200. The Committee heard that staying in employment can also be challenging for neurodivergent people, where many are able to undertake their work but struggle to stay in employment because support can be inconsistent or dependent on individual managers. Participants from Salvesen Mindroom said many workplaces create barriers for neurodivergent staff. They noted that offices are often not sensory friendly, with unsuitable lighting and noise. They said employees are expected to identify and request their own adjustments, rather than workplaces taking the lead. They argued that smaller employers can often lack resources, while larger ones do not always offer consistent support. Several people, across the Committee's inquiry, said they spent all their energy coping at work, leaving nothing for the rest of their lives. As Jill McAlpine put it:

> The fact is that people do not stay in employment if the conditions are not met. [6]

201. Some stakeholders stated that a lack of understanding from employers, managers and staff leads people to burn out and leave their jobs. Others stressed the need for predictable routines, clear expectations, and reduced uncertainty. Carolyn Scott told the Committee of her experience:

> Rejection sensitivity dysphoria[ii] has forced me to leave good jobs instead of seeking the help that I needed to thrive there [8] .

202. Participants from Salvesen Mindroom told the Committee that wider support schemes often fail to deliver what people need. They said the UK's Access to Work scheme[iii] is overly complex and hard to use, which makes staying in work more difficult. They also felt that Employee Assistance Programmes are not fit for purpose and are often treated as a tick-box exercise rather than providing genuine support.

203. Some stakeholders pointed to practical solutions that can increase psychological safety and support retention. The Committee heard that retention improves when tasks are matched to strengths, communication is clear, and uncertainty is reduced. Mia Preston told the Committee:

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[ii] Rejection Sensitive Dysphoria is where people report experiencing intense or even overwhelming emotional pain in reaction to rejection.

[iii] Access to Work is a publicly funded employment support programme that aims to help more disabled people start or stay in work.

> If people could turn up for jobs saying, "I’m really good at deep focus and procedures and systems," or, "I’m really good at creativity and innovation and I know how to use emerging technologies," that would make it easier for the employer to think, "Oh, I know exactly where I can use you." I have seen research that shows that, when that approach is taken, you can get up to 90 per cent retention, so people are not moving on [6] .

204. Other examples shared included quiet rooms, sensory-aware office design, tools at induction to identify support needs, predictable routines and clear expectations, neurodiversity champions, and adjustments that go beyond the legal minimum, including support for carers.

205. When asked about the Scottish Government's ambitions to improve access to the workplace for neurodivergent people, the Minister for Social Care and Mental Wellbeing responded that employment law is a reserved matter, but noted the Scottish Government has "sought to engage constructively with the UK Government on its employment rights legislation and its wider programme." He went on to express his hope that employers will support inclusive recruitment practices, saying:

> There are things that we would like to do but cannot do because of the devolution settlement. One example of that is more engagement and involvement with the access to work scheme. I state very clearly, and I hope that the committee will reiterate it, that employers should be taking every opportunity to ensure that they have diverse and inclusive recruitment practices—which many employers do—so that they can fully utilise all the talent that we are fortunate to have in our country [12] .

206. Neurodivergent people can bring so much to the workplace. The Scottish Government and the next administration must provide leadership to ensure that the strengths neurodivergent people bring to the workplace can be recognised and are not looked at through a deficit lens.

207. As it stands, the figures for neurodivergent people in employment make it abundantly clear that at present we are failing to support neurodivergent people into employment and then support them to stay in that employment.

208. The Committee urges this Government and the next administration to work with the UK Government on Access to Work to consider how neurodivergent people can be better supported into and in employment. The Committee also urges the Scottish Government and the next administration to consider how it can, within devolved powers, encourage employers to consider how they can better consider the needs of neurodivergent people.

## Diagnosis and the workplace

209. Throughout the Committee's inquiry, many people have shared their experiences about how,whether or not they had a diagnosis, can affect the recruitment process, work adjustments, discrimination, culture, and their ability to stay in work.

Stakeholders have told us that diagnosis is not just a clinical issue, it is structurally tied to fairness, access, and outcomes in the workplace.

210. Some described workplaces treating diagnosis as a prerequisite for support. Several witnesses said that employers questioned or dismissed their needs until they could produce formal medical proof. Debbie Best explained that when she disclosed the fact that she was autistic, people have asked, "How do I know that you are?", which she said made disclosure traumatic and discouraged her from asking for adjustments at all [8] .

211. Leo Starrs-Cunningham told the Committee that workplaces had previously "attempted to challenge his diagnosis and support requirements. He explained that having a diagnosis had become a form of protection in the workplace stating it had been really helpful in allowing him to "hold the line and fight for the support" he needed [8] .

212. Stakeholders also highlighted that diagnosis interacts with wider workplace culture, including misunderstanding and stigma. Sofia Farzana said that when employees seek adjustments, there is often "an incredible amount of gaslighting" including HR responses such as "Well, everyone is a little bit autistic" [8] .

213. The Committee also heard that delays, refusals or inconsistencies around diagnosis can have direct consequences for someone trying to remain in employment.

214. Kabie Brook also told the Committee that many autistic people without appropriate support are "just about managing their lives". She said that when they struggle at work, it is often not recognised as unmet need but instead attributed to poor performance, which can lead to burnout and inability to continue working. She said:

> For those who are managing to get into employment and are working, it is common to hear that all that they can do is their job. Every evening when they get home, they cannot do anything else: they keep the lights off and will go to bed early, as they have to try to reregulate. They do not have a social life and on the weekends, they will not go out or do anything [8] .

215. Members were alarmed by the stories of discrimination in the workplace that were shared with them.

216. A diagnosis should not be a pre-requisite for support in the workplace, but at the same time, the evidence the Committee received emphasised the importance of getting a diagnosis.

217. However, the Committee urges the Scottish Government and the next administration to provide leadership to ensure support in the workplace is not conditional on a diagnosis and people are not doubted and disbelieved.

218. Furthermore, we ask that the Scottish Government work with employers to

ensure that mechanisms are in place for redress where people have not been able to obtain support.

## Cultural change and support for employers

219. The Committee heard that real progress in improving workplace experiences for neurodivergent people can depend on employers understanding the issues and shifting workplace culture. Without this, support can vary widely and often comes down to the approach of individual managers rather than a consistent organisational standard.

220. Stakeholders told the Committee that managers often want to do the right thing but employers struggle to know where to find practical and reliable information. Speaking of these challenges, David Cameron said:

> [Employers] want to do things right and they think, "Where do I go? How do I do it right? Where is the information and the education that I need?" The reality is that, in this area, and in many areas related to disability, there is an enormous amount of information—people produce stuff all the time. However, finding it is the hard bit. Every time that I meet civil servants, I tell them that there is a need to pull that stuff together and to have a resource where employers can find good-quality information. That would work wonders, I think[6] .

221. Others told us employers can sometimes struggle to work out what adjustments should look like in real situations and that while guidance exists, it is scattered and difficult to navigate. Chirsty McFadyen of the Fraser of Allander Institute explained:

> In our research, we have found that employers have asked for case studies, whether live or online, to understand what a simple adjustment might be. We have heard from employers that they do not know where to go for the information or where to start. We have experiences of employers feeling that the guidance that is provided is not concrete or strong enough for them to feel that they can implement it accurately[6] .

222. Rob Holland told the Committee that employers are often worried about getting it wrong. He said:

> We have to bear in mind the fact that there is a low employment rate among autistic people, but it is not that employers are actively trying not to employ them; it is that they are worried about getting it wrong. They feel that they do not have the right information, understanding, skill set, strategies and culture, and they are naturally risk averse, and that has a knock-on effect on work culture, recruitment practices, and all those things[9] .

223. He argued that employers need reliable, accessible guidance in one place and called for clear, centralised information on what good neuro‑inclusive practice looks like.

224. The Committee also heard that smaller employers in particular can sometimes struggle. Witnesses said these businesses are frequently under financial pressure and often lack HR support. Marek Zemanik of the Chatered Institute of Personnel and Development told the Committee:

> Small businesses are in survival mode… it is a challenge for them to find the time to look for the relevant advice[6] .

225. David Cameron emphasised the scale of the challenge in his evidence:

> If you are a one or two person operation… that feels like a big ask[6] .

226. Alan Thornburrow of the Salvesen Mindroom Centre made the case that small employers may require more direct support, noting:

> Perhaps there is a case for more support for smaller employers to access high quality resources [and] training[6] .

227. However, this doesn't mean that larger organisations that may have more capacity do not also require support, contributors from Salvesen Mindroom highlighted that they have experienced uneven support practices within the same organisation. Support is often described as person-dependent.

228. Employer training was also identified as a gap with stakeholders highlighting that managers often receive no neuro‑inclusion training, which leaves them uncertain and hesitant when working with neurodivergent people. Participants from Salvesen Mindroom echoed this, saying managers often lack neurodivergent‑informed training, and Employee Assistance Programmes are often not fit for purpose.

229. Some stakeholders called for tools that could help employers further understand and test their processes. Fergus McMillan of Skills Development Scotland argued that successful "high‑quality continuing professional development" for employers should include practical guidance on "effective needs assessment" and that this would be one of the most useful tools for improving neuro‑inclusive practice[6] .

230. While stakeholders told the Committee that employers should take responsibility for inclusion in the workplace, they thought that businesses should not be expected to do so without adequate support. Some stakeholders stressed that government‑led support remains patchy. Chirsty McFadyen suggested expanding and strengthening existing programmes:

> There is potentially a space for Government to support implementation financially… more employer focused initiatives would be really important[6] .

231. Participants from Salvesen Mindroom said that gaps in government provision leave third‑sector organisations carrying much of the burden, despite limited funding.

232. In terms of support for employers, the Minister for Social Care and Mental Wellbeing referred to principles within the Scottish Government's fair work policy area to support diverse and inclusive workplaces. He told the Committee:

> We encourage all employers to have workplace practices that are not only consistent with having a fair and inclusive environment but which will give them access to a huge pool of talent, creativity and ingenuity that is too often excluded [12] .

233. The Minister also highlighted schemes such as Career Positive, which show how small adjustments can help people stay in work, and stressed the need to reduce the disability employment gap [12] .

234. The Committee recognises that support for neurodivergent people will vary from workplace to workplace. Some workplaces will clearly already be adopting more neuro-affirming policies than others. In particular, the Committee recognises that smaller workplaces may face greater challenges to adopting neuro-affirming policies. However, all workplaces must be environments in which neurodivergent people feel supported and where they can thrive.

235. We note the Minister's encouragement to workplaces to adopt practices which are consistent, fair and inclusive. The Committee is not convinced, however, that encouragement alone will be sufficient to effect a cultural shift. The Committee encourages the Scottish Government and the next administration to consider what could be put in place to require work places to adopt practices which are consistent, fair and inclusive as well as what support smaller workplaces for example may need to put these practices in place.

## System design

236. Stakeholders argue that workplace systems place too much responsibility on neurodivergent people to disclose their needs and request adjustments. It was thought that this places pressure on individuals to explain and justify themselves rather than expecting employers to design accessible processes for all. Stakeholders argued for approaches built around clear communication, predictable procedures and flexible options that support everyone, not only those who disclose.

237. Several witnesses told the Committee that universal design could reduce the pressure on individuals to disclose their needs. Fergus McMillan said employers should:

> ...shift away from the pressure being on neurodivergent individuals… and towards the system-wide change that employers need to make [6] .

238. Others argued for a wider cultural shift. Mia Preston of the Federation of Small Businesses asked:

> Why can we not just provide an environment that works for everyone? [6]

239. During the Committee's visit to the Salvesen Mindroom, participants emphasised

that many workplaces rely on employees explaining what they need, rather than designing universal inclusion into everyday practice.

240. Universal design was also thought to be a way to ensure consistency. Alan Thornburrow explained that when adjustments are offered to everyone as standard, people do not feel compelled to reveal personal information:

> If it is offered up universally, I will not feel that I have to say anything about how I experience the world [6] .

241. Some stakeholders were of the view that accessible design built into standard processes would remove the risk of differing levels of support depending on an individual manager's awareness or confidence. Others linked universal design to better data. For example, Chirsty McFadyen argued that because many people do not disclose, employers lack reliable information on what works [6] . Building support into everyday systems would make it easier to see which approaches make a difference.

242. **The Committee found the case for universal design that benefits everyone to be compelling. The Committee urges the Scottish Government and the next administration to consider how such an approach could be implemented.**

## Cross sectoral and wider impacts

243. Several stakeholders highlighted links between education and employment.

244. The Committee heard that what happens in education directly shapes future workforce participation. Witnesses argued that when children experience unmet needs, exclusion or instability in school, the long‑term consequences fall on both families and employers. Alan Thornburrow argued:

> No amount of resource and information will have the same impact as education meeting a young person where they are. That is the formative experience they take with them into the workplace [6] .

245. Participants from the Salveson Mindroom suggested that when schools lack capacity, the stress on families increases and young people enter adulthood already worn down by difficulties that began much earlier. They also described unsupported transitions and inconsistent pathways from education into the workplace and the impact this has on neurodivergent young people.

246. Caring responsibilities for neurodivergent children can often have a significant impact on a parent's ability to stay in employment. Witnesses also described frequent interactions with school disrupting their employment. Alan Thornburrow told the Committee that, in his view, educational failures create pressure on families, with parents reducing hours or leaving work due to school calls, unmet needs or crisis management around their children. He reported:

> 96 per cent of respondents reported negative health and wellbeing impacts and 74 per cent changed working patterns due to caring for a neurodivergent young person [6] .

247. Mia Preston also shared her own experience:

> I had to give up my day job because the school was phoning me to come and pick up the young person… I was getting so many phone calls that I had to give up my day work. [6]

248. As noted earlier in the report, it is impossible to separate education from the workplace and everything must be done to ensure that the experience of education is a positive and fulfilling one to ensure neurodivergent individuals can thrive in the workplace. It must also be ensured that people are supported as they transition out of education and that they do not fall through the cracks at this juncture.

# The criminal justice system

249. The Committee explored how neurodivergent people experience Scotland's criminal justice system and examined the challenges they face when interacting with the criminal justice system, including with the police, prosecutors, courts and prisons.

250. The following sections seek to identify specific challenges and explore ways to address them, focusing on:

- data and a focus on neurodivergent people's needs
- workload pressures and training.

## Data and a focus on neurodivergent people's needs

251. The Committee heard that there is a lack of data to show the prevalence of neurodivergent people across the criminal justice system from accused persons to victims and witnesses. Stakeholders explained that they are seeing a wide range of neurodivergent needs, but there are gaps in data which can create a fragmented picture and impact improvement and evaluation. Laura Buchan from the Crown Office and Procurator Fiscal Service (COPFS) said:

> One of the issues that COPFS identified when we were discussing the potential learning disabilities, autism and neurodivergence bill was the point about data and how we can quantify prevalence in relation to the people with whom we come into contact. Over the past few years, there has been an awareness of the increase, or the prevalence, of neurodivergent people across the whole system, including in our organisation, ranging from the accused to witnesses and victims [9] .

252. Jenny Miller from PAMIS (Promoting a More Inclusive Society) gave her view, using an example from the Scottish Covid Inquiry, that:

> Data is absolutely essential, but we need to understand the groups within the groups, so that we can plan for the future [9] .

253. In relation to children, May Dunsmuir from the Health and Education Chamber of the First-tier Tribunal for Scotland, told the Committee that the tribunal has dealt with neurodivergent children since 2004. She explained that while cases have increased over the past five years, high numbers are not new and that prevalence has never been low. More than 90% of cases involve neurodiverse children, mainly those who are autistic or with ADHD [9] .

254. Superintendent Graeme Gallie from Police Scotland did not speak to the prevalence of neurodivergent people or to data gaps, but instead told the Committee that their focus is on each person's needs rather than on formal diagnosis. He illustrated actions to embed a trauma-informed approach and identify vulnerabilities and needs, changing the language from "risk assessment" to "needs assessment" when dealing with people in distress, as well as systems to pass information on to others through standard prosecution reports [9] .

255. Some stakeholders told the Committee that identifying neurodivergent need within the criminal justice system can be inconsistent and dependent on chance. Rob Holland highlighted the significance of this issue. He explained that there is "real inconsistency in data about the population" in justice settings and noted that, in both prisons and the wider criminal justice system, "a significant minority of people are neurodivergent, if not the majority." He emphasised that reliable information is essential for recognising and responding to people's needs, stating that:

> ...it is not about diagnosing people in the criminal justice system; it is about identifying need [9] .

256. Defence solicitor, John Good, told the Committee that by the time a neurodivergent person appears in court or police custody, they are often already in crisis and presenting with multiple unmet needs. He described encountering people with a number of issues including neurodivergence, trauma, substance use and mental‑health difficulties, which can make it difficult to identify and support their needs within the constraints of criminal procedure. He emphasised that defence agents frequently have only limited information at the outset and must rely on what is recorded by the police or disclosed by individuals during highly stressful encounters [9] .

257. Laura Buchan also told the Committee that staff often have limited opportunities to understand a witness' needs in COPFS, noting that "sometimes our staff will meet a witness for the first time only when they are giving evidence" which can result in limited interaction. She explained that, in practice, most relevant information must therefore come through the police report, pointing to the importance of Police Scotland's work to improve the identification of vulnerabilities. She added that when officers record this information and it forms part of the police report, prosecutors can take it into account [9] .

258. As a result, stakeholders highlighted the importance of early information‑sharing and communication between agencies, particularly at the point when an individual first enters police custody or the court process. John Good told the Committee that gaps can arise when details about a person's vulnerabilities are not passed from police to defence, or when time pressures make it difficult to explore an individual's background in custody or court settings. Stakeholder testimony described how defence solicitors routinely ask targeted questions—about schooling, support needs or past involvement with services—to identify possible neurodivergence because such information is not always available elsewhere in the process:

> Regardless of whether people have been flagged on the system before, I always ask them whether they are involved with any other support agencies, whether they have certain needs and whether they have a family member who would normally accompany them to things. I also ask them whether they have been in mainstream education, whether they have had support needs and whether they had to go to a special independent school or separate schooling. Those half dozen questions are worked into the preface that we start with when we deal with people. It gives us a direction of travel and sometimes a slightly different focus [9] .

259. Some stakeholders were concerned that neurodivergent distress can be misinterpreted within police, custody and court environments. The Committee heard

that behaviours rooted in dysregulation, sensory overload or communication differences can be mistaken for intentional defiance or non‑cooperation, leading to escalation rather than support. Dr Spassiani characterised it as:

> ...a very disempowering experience for them when they are going through the criminal justice system or interacting with various people [9] .

260. She added:

> If someone is getting overstimulated, they might cover their ears or walk away. That can be seen as very problematic behaviour in certain situations, and the experience becomes very disempowering for the individual, they lose their voice very quickly and things go downhill [9] .

261. Lived-experience participants raised concerns about the sensory challenges of courts, prisons, police stations and other facilities. In particular, they told the Committee that smells and other sensory pressures in prisons can be overwhelming, and when people are trapped in these environments, they may react in the same ways they do when they are overwhelmed in any other setting. They said staff need to understand that people in crisis may react strongly.

262. The Committee also heard that courtroom and custody environments can intensify a person's distress, particularly when strong sensory triggers or unfamiliar settings make communication or self‑regulation more difficult. John Good said:

> The difficulty—the biggest issue—is well understood, but by that point those individuals have already fallen through the safety net; they are at the very bottom of the process. They are dealing with crisis and trauma—all the things that they are less able to deal with...Someone might have been through a traumatic situation or a crisis that is still working its way through their mind when we see them...By the time we are in court or in a cell dealing with a prisoner, we are way behind the curve [9] .

263. Stakeholders explained that lighting, noise and smells that heighten distress can also compromise a neurodivergent person's ability to participate effectively in interviews, hearings or detention. May Dunsmuir gave a number of examples of how adjustments could be made to address these:

> Justice is not an everyday experience, and it will include things that are significant to that neurodivergent child or young person that we would not necessarily identify as significant. I gave the example in our information paper of the child party who needed there to be no scents. We put out before the hearing that no one should wear aftershave or their favourite perfume, but we discovered early in the morning on the day of the hearing that there was a food smell coming in from our community cafe in the tribunal centre, so we had to deal with that to ensure that it did not impinge on the child. Something as gentle—for us—as smell was hugely significant for the child and would have caused them considerable distress [9] .

> The clerk is not involved in decision making or in any part of the delivery of justice, but they are the first person the child meets as they come through the door and they already know what the child needs. For example, they might know to dim the lighting, because harsh lighting might be a bit of a challenge for someone who is neurodiverse and has difficulties with lighting [9] .

264. However, some stakeholders were concerned that adjustments were inconsistent across criminal justice settings and that needs identification and how that was subsequently communicated was key. Leo Starrs-Cunningham described how inaccessible justice environments can be, based on information from an Autistic Mutual Aid Society Edinburgh (AMASE) member survey:

> ...only 10 per cent of respondents felt that the criminal justice system was in any way accessible, or even partially accessible. Some 80 per cent felt that when they had needed to interact with the criminal justice system in any fashion, they had felt misunderstood, that their needs had not been met and that they had been discriminated against. Those are appalling figures... [8]

265. In response to the Committee's concerns around the criminal justice system failing neurodivergent people, the Minister for Social Care and Mental Wellbeing acknowledged that:

> ...significant work still needs to be undertaken in responding to the challenges that are before us...work is under way in justice to ensure that there is increased understanding and awareness of the needs of individuals who are neurodivergent, whatever their interaction with the system is and whatever capacity they interact with it in [12] .

266. Scottish Government official, Georgia de Courcy Wheeler, provided more information on work within the justice sector:

> ...there has been Scottish Government-funded work to develop five principles for responding to communication support needs in the justice system. Work is also under way to develop more accessible approaches and materials in community justice settings. That includes a training course for justice social workers and work with ARC Scotland on supporting offenders with learning disabilities. That portfolio is actively involved in all that work, which is aimed at supporting neurodivergent people or people with learning disabilities who have received sentences for offending [12] .

267. The Committee recognises that supporting a neurodivergent person in the criminal justice system is immensely challenging, particularly when that person hasn't been previously diagnosed with a neurodivergent condition.

268. Nonetheless the Committee urges the Scottish Government and the next administration to work with criminal justice system to consider how data collection could be improved and in turn the quality and effectiveness of support provided to neurodivergent individuals in the workplace also improved.

269. The Committee also asks that its successor committee is kept updated on the progress in the development of the five principles for responding to communication support needs in the justice system as well as the development of training and accessible materials and encourages changes to be made where necessary.

## Workload pressures and training

270. Workforce shortages in the criminal justice system, which limit the ability to identify and support neurodivergent people, were highlighted as a concern. When witnesses were asked what was needed to create a supportive, safe and secure environment for everyone, they raised several points about staffing:

- Sarah Angus of the Scottish Prison Service said there are not enough learning disability nurses and occupational therapists across the prison estate [9] .
- Dr Inga Heyman spoke about the pivotal role of forensic nurses, describing them as having “phenomenal identification skills”, but stressed that there are not enough of them [9] .
- Dr Natasha Spassiani highlighted a shortage of learning disability nurses in forensic units [9] .

271. Sarah Angus also spoke about how overcrowding also limits the support Scottish Prison Service can offer. She noted that:

> The committee will also be aware that the prison population is unsustainable because of overcrowding, which constrains our ability to offer services [9] .

272. She also pointed to the need for earlier intervention and improvements in the pathway into prison.

273. Several stakeholders told the Committee that the expansion of neurodiversity training within the system has increased internal awareness of neurodivergent needs. Staff are better able to recognise when someone may require adjustments or support. Police Scotland described this as part of a wider journey of improvement, and prosecutors said training had noticeably enhanced understanding. For example, Laura Buchan said:

> We also now have autism awareness training for all our staff, and we have received really good feedback that it has given people a better understanding [9] .

274. Police and COPFS representatives highlighted that training is not simply about knowledge, but about embedding new ways of working. Superintendent Graeme Gallie, referring to "Act Don’t React" training said:

> [It] looks at different elements of how you engage with an individual to de-escalate a situation, but also to get to the nub of what is driving the situation that you are faced with. A lot of people are usually apprehensive about asking those sorts of questions... However, our drive as an organisation is about raising awareness to make that a mainstream conversation, rather than something that is not talked about [9] .

275. Laura Buchan alluded to the need for deeper organisation change stating:

> We know that there are various other steps that can be taken—it is not all about training and guidance, but also about a cultural shift in organisations [9] .

276. Dr Natasha Spassiani told the Committee that access to high-quality training informed by lived experience is not consistent across justice agencies. She stressed that the voices of people with learning disabilities and neurodivergent people are often missing from how staff are trained. She asked:

> ...where are the voices or the representation of people with learning disabilities or neurodivergent disabilities in how we train police officers and professionals in the criminal justice system? [9]

277. She argued that supports should be co- developed and co-designed with those who have lived experience, so that the system becomes more inclusive and less ableist. She stresses that people with disabilities are the experts in their own needs, and services and training should reflect that.

278. Responding directly to these comments by Dr Spassiani, Superintendent Gallie gave an example of work in Police Scotland to address this:

> You will be aware of the National Autism Implementation Team. One of its mantras is "Nothing about us without us". We are working with the team just now; two weeks ago, we started a six-month pilot, through which we will develop bespoke Police Scotland awareness training for line managers and advocates in our organisation. That involves looking at police-specific training or awareness around neurodivergence and learning disabilities. That is just one element [9] .

279. The Committee urges the Scottish Government and the next administration to work with the National Autism Implementation Team to ensure that high-quality training informed by lived experience is provided across justice agencies.

280. Training will, however, only go so far in transforming the experience of neurodivergent people in the criminal justice system and the Scottish Government and next administration must work with justice agencies to effect a wider culture shift.

281. There must be a strong understanding of neurodivergence across the justice system. People should not find themselves in the criminal justice system as a

consequence of a failure to understand neurodiversity and distress. At the same time, it is not acceptable that victims of crime are being doubted as a consequence of a failure to understand neurodivergence.

## The role of the third sector

282. The role of the third sector was highlighted as central to helping the criminal justice system meet the needs of neurodivergent people. Laura Buchan highlighted how COPFS works with external charities to support victims and witnesses, explaining that funding for these organisations is vital:

> A lot of our work in supporting victims and witnesses is very ably supported by third sector charities and support organisations. Without them, we could not provide the level of service or support that we would wish to in relation to victims and witnesses, especially those who are going through a really difficult period. Therefore, we must ensure that those organisations are there and are supported and funded to be able to do that work [9] .

283. Witnesses told the Committee that this provision fills a gap in expertise they do not have internally. Laura Buchan went on to illustrate this:

> One example was about taking evidence from a victim and seeking advice from an autism organisation and those within that network about how best to do that, to ensure that the victim felt safe and supported. That goes some way to increasing awareness of neurodivergence across the service for managers and people within the organisation. Those people are then involved in the development of our policy and guidance when we are looking at those supports and tools [9] .

284. Similarly, Superintendent Gallie spoke about working with organisations and networks to help educate officers and shape practice:

> Only last week, we finished filming a short awareness video with the SOLD—supporting offenders with learning disabilities—network, which involved filming the lived experience of people in the criminal justice system who have a learning disability or neurodivergence [9] .

285. As has been previously recognised, third sector organisations play a key role in supporting the delivery of support to neurodivergent people. This is clearly the case again in the context of their engagement with the criminal justice system. As the Committee previously recommended, the Scottish Government and the next administration must seek to ensure that third sector organisations have sustainable long-term funding to enable them to provide effective support to neurodivergent people in the criminal justice system. In addition, it should be ensured that the invaluable contribution that third sector organisations make is recognised and their insights and views are given equal weight to those of other

bodies.

# Conclusion

286. **The Committee recognises the significant challenge presented by the unprecedented numbers of people who have either been diagnosed or are seeking a diagnosis for a neurodivergent condition.**

287. **The challenges that this presents are significant and it is vital that the next administration prioritise this issue next session. The next administration must work closely with those with those with those with lived experience to develop legislative and non-legislative responses to these challenges.**

288. **In this inquiry the Committee has focussed on the experience of neurodivergent people in education, the workplace and the criminal justice system. However, the Committee has found itself also examining issues around diagnosis and post diagnostic support as well as broader societal issues.**

289. **In doing so, it has become apparent that there is a significant gap between what the Committee was told about the policies in place to support neurodivergent people and the lived experience of how those policies are realised. The next administration needs to speak to neurodivergent individuals to understand the extent of this discrepancy and how it can be overcome.**

290. **Across this inquiry the Committee has heard about the importance of a diagnosis. The Committee recognises the value of a needs based approach, but this cannot be a replacement for a diagnosis. This Scottish Government and the next administration must develop a long term strategy with long term funding to ensure we have the workforce needed to be able to respond to the demand for diagnoses.**

291. **We cannot rely on private diagnoses to respond to these challenges, but in the short-term while we try to respond to the level demand, it seems inevitable that this will be part of the response. We urge the Scottish Government to bring forward national guidelines to ensure that there is consistency in assessments. With that consistency a private diagnosis should be more reliable, which should in turn open up the possibility of shared care agreements and access to life changing medication on the NHS.**

292. **The next administration must provide leadership too to respond to the barriers, stigma and discrimination faced by neurodivergent people too. Training will be critical to improving understanding of neurodevelopment conditions. This must be mandatory and led by lived experience.**

293. **We need, however, fundamental changes to society. Having a neurodivergent condition should not be seen as a deficit. As noted in this report 43 per cent of children in Scottish schools have some sort of additional support need. We can not simply continue to exist in a world where adjustments and support are put in place to enable people to conform to neurotypical norms.**

294. **The Committee urges the next administration to respond to this without delay. Early, coordinated and neuro-affirming support is not only a matter of rights, dignity and equality, it is also a matter of social and economic resilience. When needs are met early, children are more likely to remain in education, families are less likely to be pushed into crisis, parents are better able to remain in work, and young people are better supported to move into higher education, training or employment. When support comes too late, the costs are simply displaced elsewhere. For example, in healthcare, with worsening mental and physical wellbeing, family hardship, lost workforce participation and, in some cases, later contact with the criminal justice system. We urge the Scottish Government and the next Administration to work together with the public sector, the third sector and neurodivergent individuals to develop a collaborative response to consider how to ensure we can create a neuro-affirming society where everyone can thrive.**

295. **Neuro-affirming practice should not be treated as optional good practice, but as a core part of effective public service design. A system that understands distress, communication and difference properly is better able to intervene early, reduce harm, and support better outcomes across education, health, employment and justice.**

296. **In the short time we have had this session we have identified key areas that need to be pursued next session. Change will not happen, however, without much further work. We urge the next administration to reflect carefully on this report and prioritise the issues it raises next session. The Committee also urges its successor committee to build on the work of this inquiry and hold the next administration to account for responding to the needs of neurodivergent people in Scotland.**

# Annexe A: Extracts from Committee minutes

This annexe sets out relevant extracts from the minutes of the Equalities, Human Rights and Civil Justice Committee throughout the inquiry. Each main heading links to a web-page that gives access to:

- the agenda and public papers for the meeting
- the Official Report of the meeting (public business only),
- and minutes of the meeting.

## 12th Meeting, 2025 (Session 6), Tuesday 13 May 2025

The Committee considered its work programme and agreed:

- to hold inquiries on Neurodivergence in Scotland and Rurality;

## 28th Meeting, 2025 (Session 6), Tuesday 2 December 2025

**Inquiry into Neurodivergence in Scotland:** The Committee considered its approach to the inquiry and agreed—

- the terms of the inquiry
- a programme of oral evidence
- to undertake a visit
- to undertake an informal session with those with lived experience
- to take any consideration of evidence heard and draft reports on this inquiry in private.

## 2nd Meeting, 2026 (Session 6), Tuesday 20 January 2026

**Inquiry into Neurodivergence in Scotland:**

The Committee took evidence from—

> Dr Jim Crabb, Policy Lead and Dr Leonie Boeing, CAMHS psychiatrist and Vice Chair of the Child and Adolescent Faculty, Royal College of Psychiatrists in Scotland

and then from—

> Debbie Best, Director, DIFFERabled Scotland;
>
> Kabie Brook, Chairperson, ARGH Scotland;
>
> Sofia Farzana, Director and Co-founder, Scottish Ethnic Minority Autistics (SEMA);
>
> Marion McLaughlin, Managing Director and Founder, Aurora Autistic Consulting;
>
> Rachel Parker, Founding Trustee, Autistic Voices Advocating Together for Autonomous Rights (AVATAR);
>
> Carolyn Scott, Founder and Researcher, ADHD Right Now;

Leo Starrs-Cunningham, Treasurer, Autistic Mutual Aid Society Edinburgh (AMASE).

Maggie Chapman declared that in her previous role as Chief Officer of the Scottish Council for Visual Impairment (SCOVI) she worked with Carolyn Scott, Founder and Researcher, ADHD Right Now.

**Inquiry into Neurodivergence in Scotland** (In Private): The Committee agreed to defer consideration of the evidence heard to a future meeting.

### 3rd **Meeting, 2026 (Session 6), Tuesday 3 February 2026**

**Inquiry into Neurodivergence in Scotland:** The Committee considered the evidence it heard at its meeting on 20 January 2026. The Committee also agreed to issue an invitation to Dr Jason Lang, Clinical Senior Lecturer in Neurodevelopment, University of Glasgow to give evidence as part of its inquiry.

### 4th **Meeting, 2026 (Session 6), Tuesday 10 February 2026**

**Inquiry into Neurodivergence in Scotland:**

The Committee took evidence from—

Hannah Axon, Policy Manager, Convention of Scottish Local Authorities (COSLA);

Dr Lynne Binnie, Head of Education, City of Edinburgh Council, representing the Association of Directors of Education in Scotland (ADES);

Angela Evans, Head of Learning Services, The Donaldson Trust;

Marie Harrison, Service Manager (Children's Views), Children in Scotland;

Maura Kearney, Educational Psychologist, representing the Association of Scottish Principal Educational Psychologists (ASPEP);

Dr Jason Lang, Clinical Senior Lecturer in Neurodevelopment, University of Glasgow;Gerard Wilkie, Equalities representative, Educational Institute of Scotland (EIS);

and then from—

David Cameron, Chief Executive Officer, Scottish Union of Supported Employment;

Jill McAlpine, representing the Federation of Small Businesses Scotland, Founder, inpurpose associates;

Chirsty McFadyen, Economist, Fraser of Allander Institute;

Fergus McMillan, Head of Equality and Diversity , Skills Development Scotland;

Mia Preston, representing the Federation of Small Businesses Scotland, neurodivergent mentor, Olive or Fig;

Alan Thornburrow, Chief Executive Officer, Salvesen Mindroom Centre;

Marek Zemanik, Senior Public Policy Adviser (UK Nations), Chartered Institute of Personnel and Development.

**Inquiry into Neurodivergence in Scotland** (In Private)**:** The Committee considered the evidence it heard under agenda item 1.

### 5th Meeting, 2026 (Session 6), Tuesday 17 February 2026

**Inquiry into Neurodivergence in Scotland:**

The Committee took evidence from—

Sarah Angus, Director of Policy, Scottish Prison Service;

Laura Buchan, Legal Director for Deaths Investigations, Crown Office and Procurator Fiscal Service;

May Dunsmuir, Chamber President of the Health and Education Chamber, First-tier Tribunal for Scotland;

Superintendent Graeme Gallie, delivery lead for the Neurodiversity Strategic Working Group, Police Scotland;John Good, criminal defence practitioner and member of the Criminal Law Committee, Law Society of Scotland;

Dr Inga Heyman, Associate Professor (Policing and Public Health), Edinburgh Napier University;

Dr Natasha Spassiani, Associate Professor in Intellectual (Learning) Disability and Health Equity, Centre for Addiction and Mental Health (CAMH), Toronto;

and then from—

Bill Colley, Chair, Scottish ADHD Coalition;

Dani Cosgrove, Chief Operating Officer, Stronger Together for Autism and Neurodivergence (STAND);

Rob Holland, Director, National Autistic Society Scotland;

Dorry McLaughlin, Chief Executive, Scottish Autism;

Jenny Miller, Chief Executive, PAMIS - Promoting a more inclusive society.

**Inquiry into Neurodivergence in Scotland** (In Private): The Committee considered the evidence it heard under agenda item 1.

### 6th Meeting, 2026 (Session 6), Tuesday 24 February 2026

**Inquiry into Neurodivergence in Scotland:**

The Committee took evidence from—

Tom Arthur, Minister for Social Care and Mental Wellbeing, Scottish Government

Georgia de Courcy Wheeler, CAMHS and ND Improvement Team Leader, Mental Health Directorate, Scottish Government

Robby Steel, Principal Medical Officer for Mental Health, Mental Health Directorate, Scottish Government.

**Inquiry into Neurodivergence in Scotland** (In Private): The Committee considered the evidence it heard under agenda item 6.

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# Annexe B: Evidence and information gathered

This annexe provides links to:

- written submissions
- notes of fact-finding visits and engagement events

## Written submissions

Joint written submission from ASAME, ARGH and SEMA: survey results re education, employment and the criminal justice system

Close the Gap

COSLA

DIFFERabled

Dyslexia Scotland

NASUWT

Ross Pantony

Stronger Together for Autism and Neurodivergence (STAND)

- Note on terminology from STAND - Stronger Together for Autism and Neurodivergence
- Written submission on stigmatising language from STAND - Stronger Together for Autism and Neurodivergence
- Written submission on school inspections from STAND - Stronger Together for Autism and Neurodivergence
- Written submission on East Lothian Council and Data Management from STAND - Stronger Together for Autism and Neurodivergence
- Written submission on issues re ADHD care in Scotland from STAND - Stronger Together for Autism and Neurodivergence
- Written submission on Development of Education Policy and Neurodivergence from STAND - Stronger Together for Autism and Neurodivergence
- Written submission on Accountability and Section 70 of the Education (Scotland) Act 1980 from STAND - Stronger Together for Autism and Neurodivergence

- Written submission on Ministerial evidence session from STAND - Stronger Together for Autism and Neurodivergence
- Written submission from STAND - Stronger Together for Autism and Neurodivergence, Plea to the Committee
- Written submission on The Royal College of Psychiatrists Paper from STAND

## Notes of fact-finding visits and engagement activity

Note of Committee visit to Salvesen Mindroom Centre

Note of informal breakout group 1 from informal engagement session

Note of informal breakout group 2 from informal engagement session

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[2] The Scottish Government. (2023, February). Learning Disability, Autism and Neurodiversity Bill: Scoping Analysis 2022. Retrieved from https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2023/02/learning-disability-autism-neurodiversity-bill-scoping-analysis-2022/documents/learning-disability-autism-neurodiversity-bill-scoping-analysis-2022/learning-disability-autism-neurodiversity-bill-scoping-analysis-2022/govscot%3Adocument/learning-disability-autism-neurodiversity-bill-scoping-analysis-2022.pdf [accessed 12 2026]

[3] The Scottish Government. (2023, December 21). Learning Disabilities, Autism and Neurodivergence Bill: consultation. Retrieved from https://consult.gov.scot/mental-health-unit/learning-disabilities-autism-neurodivergence-bill/ [accessed 12 February 2026]

[4] The Scottish Government. (n.d.) Learning Disabilities, Autism and Neurodivergence Bill: consultation analysis. Retrieved from https://www.gov.scot/publications/learning-disabilities-autism-neurodivergence-bill-consultation-analysis/pages/2/ [accessed 12 February 2026]

[5] The Scottish Government. (2024). Programme for Government 2024-25: Serving Scotland. Retrieved from https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2024/09/programme-government-2024-25-serving-scotland/documents/programme-government-2024-25-serving-scotland/programme-government-2024-25-serving-scotland/govscot%3Adocument/programme-government-2024-25-serving-scotland.pdf [accessed 12 February 2026]

[6] Scottish Parliament. (2026, February 10). Official Report of the Equalities, Human Rights and Civil Justice Committee. Retrieved from https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/pa-10-02-2026?meeting=20075 [accessed 27 February 2026]

[7] Scottish Parliament. (2026, February 24). Official Report of the Equalities, Human Rights and Civil Justice Committee. Retrieved from https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/EHRCJ-24-02-2026?meeting=20098

[8] Scottish Parliament. (2026, January 20). Official Report of the Equalities, Human Rights and Civil Justice Committee. Retrieved from https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/pa-20-01-2026?meeting=20023 [accessed 27 February 2026]

[9] Scottish Parliament. (2026, February 17). Official Report of the Equalities, Human Rights and Civil Justice Committee. Retrieved from https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/pa-17-02-2026?meeting=20094 [accessed 27 February 2026]

[10] Note of breakout group 1 from the informal session on 9 February 2026. (2026, February 26). Retrieved from https://www.parliament.scot/-/media/files/committees/equalities-human-rights-and-civil-justice-committee/correspondence/2026/neurodivergence-in-scotland-group-1-9-february-2026.pdf [accessed 6 2026]

[11] Scottish Parliament. (2026, January 20). Official Report of the Equalities, Human Rights and Civil Justice Committee. Retrieved from https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/EHRCJ-20-01-2026?meeting=20023

[12] Scottish Parliament. (2026, February 24). Official Report of the Equalities, Human Rights and Civil Justice Committee. Retrieved from https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/pa-24-02-2026?meeting=20098 [accessed 27 February 2026]

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[14] Written submission from STAND - Stronger Together for Autism and Neurodivergence, Plea to the Committee. (2026, March 4). Retrieved from https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-equalities-human-rights-and-civil-justice-committee/correspondence/2026/neurodivergence-in-scotland-stand-plea-3-march-2026 [accessed 6 March 2026]

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[16] Written submission from NASUWT to the Committee's neurodivergence inquiry. (2026, February 23). Retrieved from https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-equalities-human-rights-and-civil-justice-committee/correspondence/2026/neurodivergence-in-scotland-nasuwt-20-february-2026 [accessed 9 March 2026]

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[18] STAND. (2026, February 20). Correspondence from STAND with further information following formal evidence on 17 February 2026. Retrieved from https://www.parliament.scot/-/media/files/committees/equalities-human-rights-and-civil-justice-committee/correspondence/2026/neurodivergence-in-scotland-stand-stigma-20-february-2026.pdf [accessed 24 February 2026]