

Inquiry into Neurodivergence in Scotland

Overview

1. At its meeting on 13 May 2025 the Committee agreed to undertake an inquiry looking at the challenges facing neurodivergent people and the services for them in Scotland.
2. This inquiry was precipitated by the Scottish Government's decision in 2024 to delay the introduction of a Learning Disabilities, Autism and Neurodivergence bill.
3. Following this decision the Committee took evidence from [stakeholders](#) and the then [Minister for Social Care, Mental Wellbeing and Sport](#) to find out more about the impact of the decision and what could be achieved in absence of the Bill.
4. The Committee also heard from Autistic Disabled People's Organisations as part of an informal session in 2025.
5. Informed by these sessions, the Committee agreed to focus this inquiry on the experience of neurodivergent people in education, the workplace and the criminal justice system.
6. This is the Committee's fourth and final formal evidence session as part of its inquiry. On 20 January the Committee took evidence from the Royal College of Psychiatrists and a roundtable of autistic disabled people's organisations and ADHD organisations. Then on 10 February the Committee continued its inquiry with two roundtable evidence sessions. The first focussed on the experience of neurodivergent people in education and the second focussed on their experience in the workplace. On 17 February the Committee again held two roundtable sessions. The first focussed on the experience of neurodivergent people in the criminal justice system and the second on all three limbs of the Committee's inquiry with bodies representing the interests of neurodivergent people.
7. In addition, the Committee has held informal sessions to obtain the views of those with lived experience. A note of the visit to the Salvesen Mindroom Centre is included at Annex A.
8. At this meeting the Committee will put the issues arising out of these sessions to Tom Arthur, the Minister for Social Care and Mental Wellbeing. The Minister will be supported by the following officials:
 - Georgia de Courcy Wheeler, CAMHS and ND Improvement Team Leader, Mental Health Directorate
 - Robby Steel, Principal Medical Officer for Mental Health, Mental Health Directorate.

Committee consideration

9. The Committee is asked to note the information provided above. This will be the Committee's last evidence session and thereafter the Committee will consider a draft report.

Clerks to the Committee
February 2026

Annex A

Neurodivergence Inquiry

Salvesen Mindroom Centre

27 January 2026

Introduction

The Equalities, Human Rights and Civil Justice Committee agreed at its meeting on 13 May 2025 to undertake an inquiry looking at the challenges facing neurodivergent people and the services for them in Scotland. The Committee is focusing on education, employment and the criminal justice system.

As part of its inquiry, the Committee met with a range of employers and consultants at the Salvesen Mindroom Centre in Leith, Edinburgh, on 27 January 2026.

Salvesen Mindroom Centre, commonly known as Mindroom, is a charity that champions all forms of neurodiversity and supports all kinds of minds. It was established by Sophie and Robin Dow in 2000 to raise awareness of neurodevelopmental conditions following their daughters diagnosis. Their mission is to be a leading centre for change in how we live, work and learn. They achieve this through support, education, advocacy, and research.

Mindroom provide support to parents and carers of neurodivergent children and to children and young people up to the age of 25, identifying as neurodivergent regardless of diagnosis. Their services are tailored to the specific needs of each individual, and we work across Scotland to offer advice, information, and practical and emotional support. Mindroom also engage with a wide range of politicians and policymakers to campaign for change and work in partnership with the Salvesen Mindroom Research Centre which is based at Edinburgh University.

Mindroom offer resources and training for professionals across the health, education, social work, justice and third sectors, and to private sector organisations. They collaborate and work in partnership with other organisations to raise awareness of neurodiversity and to support young people, their families and workplaces.

Summary of discussion

Negative framing of diagnosis

Several participants noted that diagnostic processes often focus on deficits rather than strengths, and families and adults diagnosed later in life described the impact of negative language and a lack of affirming approaches. However, others shared that receiving a diagnosis was also helpful in enabling self-understanding and reframing past experiences. One individual reflected that insights gained through a neurodiversity workshop led to recognising their own neurodivergence, which in turn supported a deeper understanding of their children's experiences. While external language around diagnosis can still carry stigma, participants generally described diagnosis as beneficial for the individual. It was also noted that diagnosis is often perceived as a 'golden ticket' to support, despite the reality that many people in the

workplace do not have a formal diagnosis, highlighting the importance of needs-led rather than diagnosis-led support

Disclosure of neurodivergence and stigma

Participants spoke about:

- The fear of disclosing neurodivergence at work due to stigma or career repercussions
- Experiences of not being believed that you are neurodivergent if successful and thriving.
- Experiences where a disclosure of neurodivergence had a negative impact on their work opportunities or changed perceptions
- The importance of having neurodivergent role models and supportive managers
- The need for workplaces to be inclusive by design and not require the disclosure of neurodivergence for reasonable adjustments to be made.
- Concern that people only disclosing when compelled to do so in the context of a disciplinary process.

Masking and mental health

Participants spoke about:

- The concept of 'masking' neurodivergence, and the impact this has on an individual's mental health.
- There are likely to be impacts of long-term masking for people who are diagnosed as adults.
- The gendered differences in masking behaviours due to societal expectations.
- The mental health impacts of people pleasing, burnout, and not focusing on one's own needs.

Workplace barriers

Participants described common barriers in the workplace:

- Many workplaces are not sensory friendly, especially in terms of lighting and noise.
- There is often an over emphasis on individuals knowing what they need and having to push for that rather than workplaces
- Smaller employers may lack resources to implement changes, while larger employers may fail to provide consistent support.
- Much can depend on the management of any employer, and there is need for more managers to undertake neurodivergent-informed management training.
- Gaps between higher education and workplace expectations – where higher education has been able to provide flexibility to neurodivergent students, but that the requirements of some jobs are not that flexible.
- "Access to Work" was described as being overly complex and inaccessible to those who need it most.
- Employee Assistance Programmes not seen as fit for purpose and largely a tick box exercise.
- Concerns were expressed that support is focused on urban areas and that access is not there in rural areas, in particular in sectors like agriculture.
- It was stressed that there is still not enough recognition that neuro affirming workplaces benefit everyone.

Examples of good practice

Participants provided examples of good practice:

- Neurodivergent friendly office design, which includes sensory consideration and provision quiet rooms.
- “Workplace adjustments” which some employers provide and go beyond “reasonable adjustments”, for example it may include adjustments for parents/carers or women in menopause.
- Induction tools that allow employees to request the supports they need when they start a new job.
- Peer support networks for employers and parents/carers of neurodivergent children.
- Use communication and reasonable adjustment passports to enable employees to share preferences, strengths, and support needs in a consistent way.
- Offer regular 1:1 meetings to create safe, ongoing opportunities for open and supportive conversations.
- Provide neurodiversity training for all staff to build shared understanding and reduce stigma.
- Ensure line managers receive additional upskilling to confidently hold inclusive conversations and respond appropriately to support needs.
- Support individuals regardless of whether they have a formal diagnosis, adopting a needs-led rather than diagnosis-led approach.
- Establish neurodiversity champions and neurodiversity employee resource groups (ERGs) to provide peer support, visibility, and employee voice.
- Clearly outline available workplace adjustments so employees can make informed choices about what support may be helpful to them.
- Promote a workplace culture where adjustments are normalised, flexible, and reviewed regularly, recognising that needs may change over time.

Data, policy, and systemic gaps

Participants also discussed:

- The lack of data on how many neurodivergent people are in work.
- The number of neurodivergent employment tribunal cases is increasing.
- Some employers may be concerned about the costs of reasonable adjustments, but participants said that many adjustments are low cost or free.
- Self-employed neurodivergent people face particular challenges and require specific support from business support services. Business Gateway not set-up to provide this.
- Participants highlighted inconsistent and often unsupported pathways from education into the workplace for neurodivergent young people.
- It was noted that support is frequently provided by third sector organisations rather than government-led systems, resulting in increased pressures for charities with limited funding.
- The discussion emphasised the importance of joining up education, the justice system, and employment, rather than treating these as separate systems.
- Participants reflected on evidence suggesting an intersection between neurodivergence and criminal justice involvement, particularly where appropriate support has not been put in place early.

- Barriers to accessing diagnosis for both young people and adults were raised, with many individuals left in prolonged periods of uncertainty and not getting the right support.
- For adults, reliance on private diagnosis pathways was highlighted as costly and not always consistently quality-assured.
- Gaps were identified in government schemes and funding to support training, awareness-raising, and sustainable employment opportunities for neurodivergent individuals across sectors.