



# **Submission to the Scottish Parliament's Equalities, Human Rights and Civil Justice Committee inquiry into neurodivergence in the workplace**

**January 2026**

## **1. Introduction**

Close the Gap is Scotland's policy advocacy organisation working on women's labour market participation. For 25 years we have been working with policymakers, employers and unions to influence and enable action to address the causes of women's labour market inequality. Our vision is for a Scotland where all women have a good working life.

Women are not a homogenous group, and their experiences vary based on the oppressions that shape their lives. Women who are most marginalised, such as neurodivergent women and other disabled women, racially minoritised women, migrant women, LGBTQ+ women, and women who are single parents experience compounding inequalities which make it harder to enter the labour market, get a job that matches their skill level, and sustain employment.

We thank the Committee for the opportunity to submit evidence to its inquiry on neurodivergence. Our response predominantly draws on recent research Close the Gap published on disabled women's experiences of employment in Scotland, *Excluded by Design*.<sup>1</sup> More than 900 women participated in the research and almost a third identified as neurodivergent. Recognising how gendered norms, stereotypes and expectations determine neurodivergent women's experiences of the workplace is critical to identifying the causes of the inequalities they face, and the solutions. A gender analysis is central to the

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<sup>1</sup> Close the Gap (2025) *Excluded by Design: Research on disabled women's experiences of employment in Scotland*, available at: <https://www.closethegap.org.uk/content/resources/Excluded-by-Design---research-report.pdf>

solution so that neurodivergent women can thrive, and reach their potential in both their career and life.

## **2. Gender and neurodivergence**

Gender strongly shapes how neurodivergence is expressed, recognised, and supported in women and girls. Autistic and ADHD traits are often present but appear in more subtle or socially expected forms, which leads to underdiagnosis and misdiagnosis.<sup>2</sup> Autistic girls are more likely to have intense but socially typical interests (for example, celebrities, animals) and to copy peers or rehearse social scripts, so they look socially competent even when struggling.<sup>3</sup> ADHD in girls often shows as inattention, disorganisation, and daydreaming rather than disruptive hyperactivity which is more common in boys. Girls are therefore often labelled shy, chatty, or as not applying themselves rather than neurodivergent.<sup>4</sup> These gendered presentations mean many girls are missed by screening tools and teacher/clinician expectations built around male-typical profiles.

Masking or camouflaging is a central theme; many autistic and ADHD women consciously or unconsciously hide traits by mimicking behaviour, suppressing stimming, and forcing eye contact to meet social norms of being polite, organised, and emotionally attuned.<sup>5</sup> Masking reduces the chance of referral but is linked to delayed or absent diagnosis, high exhaustion, burnout, anxiety, and depression.<sup>6</sup> Gendered expectations around emotional labour, social fluency, and appearance create additional pressure, with struggles in these stereotypically female domains judged more harshly.

Because of this, many women do not receive an autism or ADHD diagnoses until late adolescence or adulthood, often after years of misdiagnoses such as anxiety, depression, or personality disorders. This can delay appropriate support by decades, and can have a profound effect on their career. Late

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<sup>2</sup> Quintal A. (2022) 'Why neurodivergent women are diagnosed with ADHD and autism later in life, and what this means for their careers', The Brain Charity, 18 August 2022,

<https://www.thebraincharity.org.uk/neurodivergent-women-adhd-autism-adults/>

<sup>3</sup> Autism Research Institute, 'Women in Autism', <https://autism.org/women-in-autism/>

<sup>4</sup> Guy-Evans, O. (2024) 'Why is ADHD often missed in girls and women?', Simply Psychology, 26 January 2024, <https://www.simplypsychology.org/why-is-adhd-often-missed-in-girls.html>

<sup>5</sup> Quintal A. (2022) 'Why neurodivergent women are diagnosed with ADHD and autism later in life, and what this means for their careers', The Brain Charity, 18 August 2022,

<https://www.thebraincharity.org.uk/neurodivergent-women-adhd-autism-adults/>

<sup>6</sup> Greenberg, S. (2025) 'ADHD making is another undue burden for women at work', ADDitude, 9 May 2025, <https://www.additudemag.com/neurodivergent-women-in-workplace-adhd-masking/>

diagnosis is consistently linked with stalled or disrupted careers, higher burnout, and a sense of grief around their career. Many women report years of underperformance relative to their abilities because undiagnosed traits were read as laziness, disorganisation or attitude problems rather than support needs, limiting promotions and progression.<sup>7</sup> Misdiagnosis can also lead to inappropriate interventions while the real access needs at work, such as communication, sensory, and executive function, remain unaddressed.

Hormonal changes can also exacerbate neurodivergent women's experiences. Perimenopausal hormonal fluctuations intensify ADHD traits and make masking much harder which leads to many neurodivergent women being diagnosed in their 40 and 50s.<sup>8</sup>

It is also important to consider how race shapes women's and girls' experiences. This is a significantly under-researched area which speaks to the lack of intersectional analysis in researching women's lives. The research that is available shows distinct inequalities Black children, especially girls, face in diagnosis and support. For example, a large study of over 7 million children in England found that while Black boys are diagnosed with autism at similar rates to their White peers, they receive far less educational support. For Black girls, the inequalities are even more stark, with a 13:1 ratio of support compared to White boys.<sup>9</sup> In other words, for every 13 White boys who receive support for autism, only 1 Black girl receives equivalent support, despite similar need.

In employment, gendered and racialised dimensions contribute to difficulties and inequalities with recruitment, progression, and disclosure, and to higher rates of discrimination and mental health problems for neurodivergent women.

### **3. The employer context**

While not all neurodivergent women will identify as disabled, being neurodivergent will often apply to rights and protections around disability

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<sup>7</sup> Craddock, E., (2024) 'Being a Woman Is 100% Significant to My Experiences of Attention Deficit Hyperactivity Disorder and Autism: Exploring the Gendered Implications of an Adulthood Combined Autism and Attention Deficit Hyperactivity Disorder Diagnosis', *Qual Health Res*, 2024 Dec;34(14):1442-1455, available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11580322/>

<sup>8</sup> Jordan, A. (2025) ADHD and Menopause: How symptoms overlap, differ and impact women', Health Hero, 26 September 2025, <https://www.healthhero.ie/blog/adhd-and-menopause>

<sup>9</sup> Roman-Urrestarazu A, van Kessel R, Allison C, Matthews FE, Brayne C, Baron-Cohen S. 'Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England', *JAMA Pediatrics*, 2021 Jun 1;175(6), <https://pubmed.ncbi.nlm.nih.gov/33779707/>

under the Equality Act 2010.<sup>10</sup> Despite these legal provisions, employer practice routinely falls short, with weak enforcement and inconsistent implementation of equality measures. Employers are required to make reasonable adjustments to remove or reduce barriers that place disabled employees at a disadvantage. This duty is anticipatory and ongoing, requiring employers to proactively consider access needs rather than waiting for individuals to request support. The Act also protects workers from discrimination during recruitment, training, promotion, and dismissal, and prohibits harassment and victimisation related to protected characteristics such as disability, sex, and race.

However, there is a persistent gap between legal obligations and workplace reality. Employer understanding of legal responsibilities remains inconsistent, particularly regarding less visible conditions such as neurodivergence. The reasonable adjustments framework places the burden on neurodivergent women to disclose their impairments, articulate their needs, and advocate for support. This reactive, individualised approach fails to address structural barriers and does not recognise the additional labour neurodivergent women undertake in navigating workplace systems, educating employers, and managing the emotional and practical costs of self-advocacy. Similarly, widespread discrimination and harassment continue, with individuals having to shoulder the responsibility to seek redress after harm has occurred. This is compounded by weak enforcement mechanisms, leaving neurodivergent women vulnerable to exclusion and disadvantage in the workplace.

#### **4. Excluded by Design: Research on disabled women's experiences of employment in Scotland**

In November 2025, Close the Gap published important new research on disabled women's experiences of employment in Scotland. The research exposes the discrimination they face at every stage of employment, from getting a job to accessing support, and progressing in their careers. More than 900 disabled women and women with long-term health conditions participated in the research, which involved focus groups, interviews, and an online survey. Neurodivergent women were represented in the focus groups

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<sup>10</sup> ACAS, *Reasonable Adjustments at Work: Adjustments for neurodiversity*, available at: <https://www.acas.org.uk/reasonable-adjustments/adjustments-for-neurodiversity>

and the interviews, and comprised 30% of survey respondents (n=250).<sup>11</sup> Neurodivergence was more common among women aged 18-45 years. This is in line with increased awareness, improved diagnostic criteria, and more societal acceptance around neurodivergence.

Demographic data shows that it was common for women to have more than one condition and/or impairment; 29.5% reported having two conditions, 16.3% had three or more, while 54.1% had one type of condition. As would be expected, those in the sample who had multiple conditions/impairments worked fewer hours and fewer were employed or self-employed compared to women who had only one condition or impairment.

Close the Gap recognises that not all neurodivergent women will identify as disabled. In our research and wider work, we use the social model of disability which recognises that people are disabled by barriers in society, not by their impairment or condition. Barriers can be physical, like buildings not having accessible toilets, but they can be caused by people's attitudes to difference, like assuming disabled people cannot do certain things. Removing these barriers creates equality and offers disabled people more independence, choice, and control.

In this submission we share findings from the research on neurodivergent women's experiences of employment. In some cases, we compare the experiences of neurodivergent women participants to the experiences of all the disabled women in the research. This serves to demonstrate where neurodivergent women encounter deeper inequalities. All quotes used are from neurodivergent women.

#### 4.1 Recruitment barriers

The research found that neurodivergent women face particularly severe recruitment challenges. They were more than twice as likely (68.2%) to report that they found recruitment processes difficult to navigate compared with all survey respondents (32.7%). Racially minoritised women were also more likely to feel this way.

Neurodivergent respondents in particular expressed anxiety around the social dynamics of in-person interviews due to difficulty interpreting the implicit

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<sup>11</sup> The research uses a mixed methods approach, drawing on the analysis of an online survey (n=894), semi-structured interviews (n=12) and a focus group (n=4). The design of the research was informed by an initial research phase involving focus groups with disabled women (n=18).

meaning behind interview questions, for example, one respondent stated, *“Poorly worded/unclear application questions and interview questions. Difficult to navigate as a neurodivergent individual, [I] struggle to understand the subtext of what questions are often actually asking”*. Others described a tendency to interpret questions too literally, which hindered their ability to present their experience effectively. As one respondent shared, *“I struggle to navigate filling out applications – it is difficult for me to quantify or specify my experience. In interviews, I struggle with autism and anxiety. I struggle to match the question with what they are ‘really’ asking me, so my answers are often too short/don’t provide enough information”*.

A further barrier identified was a lack of access to interview questions in advance, limiting their ability to prepare and process information at their own pace and leaving them reliant on interviewers’ understanding – an adjustment that could reduce anxiety and improve performance. While participants indicated this practice was becoming more common among employers, their comments suggest that gaps remain.

Disclosing or sharing a condition and/or impairment during the recruitment process presented its own set of challenges, with barriers surrounding early disclosure, including anxieties about discrimination and the fear of information being used against them.

One survey participant said:

*“I don’t put my disability on applications as I feel this could hinder my chances at getting the job. I never have opted in for guaranteed interview. I know this also might hinder me as then I do not have option to get sent the questions beforehand or know what the interview process might entail. I have had written and reading exercises at interviews that have been timed and these have been very stressful I have not always had my overlays or rulers to help do this that has had extra pressure.”*

#### 4.2 Line manager and colleague support

Line managers are key to whether neurodivergent women have a positive or negative experience. As set out in the appendix of the research, a measure was created using the survey responses to indicate how supportive a workplace the respondent felt they had. 35.4% of respondents were found to

be in a 'high support' workplace, 34.1% in 'medium support' workplaces and 30.4% in 'low support' workplaces. Women with a 'high support' workplace were more likely to feel confident asking for new reasonable adjustments, and more likely to have flexible, compassionate, and proactive support. Those in 'low support' workplaces were more likely to have negative experiences such as not having access needs met and not feeling supported. Those with physical health conditions were more likely than those without to be in a 'high support' workplace, while neurodivergent women were more likely to be in a 'low' or 'medium support' workplace.

#### 4.3 Experiences of obtaining reasonable adjustments

Throughout the survey, interviews, and focus groups there was a common theme that line managers were often aware of their responsibilities on reasonable adjustments, but that this did not always translate to a meaningful and timely change when making these adjustments. For example, while 61.9% of respondents indicated that they strongly agreed or agreed with the statement 'My line manager was fully aware of their legal responsibilities in providing reasonable adjustments', only 36.4% of the respondents had their reasonable adjustments put in place immediately, with 18.6% indicating that adjustments had never been put in place.

Neurodivergent survey respondents had the lowest levels of agreement that their adjustments were put in place immediately (28.6% compared to the average across all groups of 36.4%). The interview and survey open text responses highlighted the narrow and limited understanding many employers and organisations may have regarding the diverse nature of conditions and impairments. One interview participant said:

*"[Employers] don't get it with mental health, they don't get spectrum disorders, neurodivergence, it doesn't fit their model... any other thing like chronic illness blows their mind."*

Similarly, a survey participant said:

*"I disclose my diabetes because I am confident that I will be accommodated but I don't disclose my mental health and neurodivergence."*

This points to how ableism shapes recognition; conditions and impairments such as mobility-related impairments or health conditions are often more

visible or more readily understood, and therefore more likely to be accommodated by employers. This exemplifies the presence of a 'hierarchy of impairment', identified in both the literature and exploratory focus groups - the belief that certain impairments are more disabling or more genuine than others. This may surface in requests for adjustments, for example, a feeling that resources are being taken away from people that need it more, being made to feel guilty for asking for help, or feelings of doubt around a condition.

However, challenges with obtaining reasonable adjustments were found across all types of conditions/impairments in the interviews and open text responses, which also highlighted additional challenges when moving to a new employer or line manager.

### **Fear of being seen as the 'demanding employee'**

*"I think everyone is always a bit unsure of how system works. It's easy to feel like a nuisance."*

*"I told my previous and now present line manager, and they were both excellent and basically advocated for me... however I would be slightly more wary giving details of my access needs to a new boss. I don't want to seem like a difficult person straight away, and get a reputation, however bad that sounds."*

### **Cost concerns and processing times**

The process of procuring adjustments was long due to systemic delays or the need to provide evidence to prove their conditions/impairments to their manager, even though employers do not need to have this to provide adjustments. The cost of adjustments was seen as an expensive venture by managers and suggested a lack of knowledge regarding grants available:

*"Employers see adjustments as inconvenient and if there's a cost, it's seen as a problem."*

*"My line manager continually complains about how much my reasonable adjustments cost, and moans at having to complete paperwork for having it implemented."*

*"I was told to stop telling other people what support I was getting because they were afraid that other people would start asking for it. And they couldn't afford it. They're like,*



*we'll give you this and this laptop and the earphones but it's expensive so don't tell anybody else."*

### **Onus on the employee due to a lack of employer understanding and support**

Several survey and interview respondents indicated feeling a lack of understanding from managers and colleagues with the onus being on them to explain their needs and advocate for their adjustments:

*"I had to (strongly/forcibly) advocate for myself and only when I privately funded formal assessment/diagnosis and shared this with employers did more supportive conversations occur. However, this was following an extremely distressing attendance/capability HR processes... I feel my future career progression has been adversely impacted as I require reasonable adjustments."*

#### **4.4 Impact of not having access needs met**

Unsurprisingly, the research suggests that not having access needs met in a timely manner is likely to reduce employee efficiency. For example, of the 324 respondents who experienced delays in having their access needs met, the most cited impact of this was doing their job at a much slower pace (52%) or not able to do all parts of their job (28%). The implications of this in terms of employee performance further below.

#### **4.5 Flexible working**

Flexible working opportunities are a key part of reasonable adjustments, or an alternative (for example, reduced hours) if reasonable adjustments are not put in place:

*"I asked for reasonable adjustments, and they only offered me very limited options thus resulting in me reducing hours at work ... they disregarded my letter from the GP."*

For interview participants, remote work and adaptable schedules were seen as essential for managing conditions, supporting mental wellbeing, and balancing caregiving responsibilities. Participants valued the autonomy to structure their workday, such as starting earlier or later, and the ability to work from home, which allowed them to control their environment and reduce the stress of commuting. For some, this flexibility also supported their access needs, including the ability to work with personal assistants or manage

sensory sensitivities in a more predictable setting. However, despite the clear advantages, several participants encountered barriers to accessing or maintaining flexible work. Some reported that remote work, although advertised, was restricted by probationary periods or inconsistently applied policies. Others expressed anxiety about the potential withdrawal of these arrangements, especially when managers failed to understand their ongoing importance. Open-plan offices and hot-desking were also cited as particularly challenging for those with anxiety or sensory sensitivities.

#### 4.6 Pressures to perform

Of the 647 respondents to this survey section, more than half (52%) had had their performance questioned at work because of attitudes toward their impairment/condition, and 16% were involved in a formal performance review with 36% in an informal review. Further, 81% had felt the need to overcompensate or work harder at their job to prove that they were as capable/productive as colleagues, which was also a theme from the interviews and focus group. As one person explained, *“You have to doubly demonstrate [your ability]; mediocre men have got things that women somehow missed out on, and there’s that additional layer of disability on it.”* She added that this pressure is compounded for people of colour, who are often taught from a young age that they must be ‘better than the rest’ due to the systemic advantages afforded to others. Neurodivergent women also spoke about not being believed or being doubted by colleagues, and having their competence judged.

*“I felt like the weakest link in the team and was never asked to lead bits of work.”*

*“[An] attitude of resentment and judgement from colleagues when returning from sick leave.”*

Experiencing multiple impairments or health conditions was also associated with these outcomes; those with three or more conditions reported the highest levels of feeling the need to overcompensate and of having their performance questioned (89.7%). Many of the research participants who reported being neurodivergent also reported having other conditions and impairments.

#### 4.7 Mental and physical harm

This was a key theme emerging from the exploratory focus groups, which included experiences of mental and physical harm as a direct result of not having reasonable adjustments in place, or having to fight for adjustments; harm caused by institutional barriers, processes, and procedures; harm related to the need to over perform or work longer/harder to achieve expected productivity; and victimisation and bullying directly as a result of raising grievances or concerns. The survey results support this, with almost three quarters (73.1%) of respondents answering 'yes' to 'Have you ever experienced physical or mental harm at work?'. For the survey purposes, physical harm was defined as injury or sickness, with mental harm including worsening or new mental health conditions such as anxiety, depression, and stress. Racially minoritised women were more likely to feel this way.

Further, when asked if they had experienced bullying, harassment, or victimisation in the workplace, 44% answered 'yes', with 83% of this group feeling that their experiences had either worsened their condition/impairment and/or also resulted in them experiencing new or worsened health problems. Of these, while 57% reported it, the vast majority (over 80%) were dissatisfied with how their report was handled.

#### 4.8 Violence Against Women both in and outwith the workplace

Most of the survey respondents had experienced Violence Against Women (VAW)<sup>12</sup> and the most common type reported was sexual harassment. Overall, 59.2% of respondents reported that they had experienced a form of VAW, either at work or outwith the workplace. Neurodivergent women were significantly more like to have experienced VAW - 77.6% compared with 52.7% of respondents who were not neurodivergent.

Of all the respondents who experienced VAW, only 11% made a formal report to their employer (45% told their employer or a colleague informally and 44% didn't tell anybody). Research suggests that disabled women find it difficult to complain to employers who had not sufficiently met agreed reasonable adjustments, that is, disabled women did not have a relationship of trust with managers and this prevented them from seeking support. Exploring this in the survey data suggests a pattern, in that those working in high support

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<sup>12</sup> For the purposes of the survey, VAW was defined as including domestic abuse, rape and sexual assault, sexual harassment, stalking, or 'honour-based' abuse.

workplaces were slightly more likely to tell their employer or a colleague than those in medium/low support workplaces. Exploring differences by condition/impairment type, a higher proportion of neurodivergent respondents were less likely to tell their employer/a colleague than those with other types of conditions/impairments.

Evidence suggests that a lack of awareness of these signs could make employers take disciplinary action or overlook women for opportunities due to perceived underperformance. Using the survey data to explore this further suggests that, of those who have experienced VAW, 62% (n=198) have had their performance questioned at work compared to only 35.8% (n=120) of those who have not experienced VAW.

Survey respondents were asked about how their experiences of VAW had affected them, which prompted a high number of open text responses. These highlighted the impact of VAW with respondents reporting feeling anxious, uncomfortable, and isolated as a result. Several respondents indicated their experiences affected their attendance at work or meant they left the workplace altogether. This illustrates the long-lasting impact that VAW has on neurodivergent women's mental health and labour market participation. One survey participant said:

*"I have had to change jobs, been off sick a number of times, and felt extremely low mood wise."*

## **5. Conclusion**

Our submission highlights the significant workplace inequalities faced by neurodivergent women. The evidence demonstrates that gender fundamentally shapes how neurodivergence is expressed, recognised, and supported. Women and girls are systematically underdiagnosed due to gendered presentations of autism and ADHD, with masking behaviours leading to delayed diagnosis, burnout, and profound career impacts. These disparities are further compounded for racially minoritised women, who face stark inequalities in both diagnosis and support.

Close the Gap's research reveals that despite well-established legal protections, the workplace reality for neurodivergent women tells a different story. They encounter systemic barriers throughout employment, from recruitment to progression, with the majority reporting physical or mental harm at work. The burden of disclosure and self-advocacy rests

disproportionately on individual women, whilst structural barriers remain unaddressed. Many participants described the emotional and practical labour of educating employers, navigating complex systems, and repeatedly articulating their needs. Managing impairments and conditions is already demanding and, in employment contexts, this advocacy becomes an additional layer of work - one that is often invisible and undervalued. The expectation to self-advocate is especially burdensome for neurodivergent women, and especially those who may lack organisational power or confidence to challenge norms, such as those in junior roles.

Furthermore, it is deeply concerning that more than three quarters of neurodivergent women experienced VAW, yet few felt able to report it due to lack of workplace trust and support.

The findings underscore the critical need for a gender analysis in addressing neurodivergent women's workplace experiences. Solutions must move beyond individualised reasonable adjustments to tackle systemic inequalities. Employers must proactively address structural barriers, strengthen understanding of legal obligations, and create genuinely inclusive workplaces. Only through this comprehensive approach can neurodivergent women thrive and reach their full potential in both career and life.

## **6. Recommendations**

Systems change is needed to tackle the labour market inequalities neurodivergent women face. Employers have a key role to play so that they can improve the policies, practice and workplace culture that prevent neurodivergent women from entering employment and progressing in their career. Close the Gap recommends that employers undertake the following actions:

- 1) Build capacity in senior leaders, HR, and line managers on neurodivergence and its intersection with gender, key considerations for different types of neurodivergence, and on the specific barriers neurodivergent women face in accessing, and progressing in, work.
- 2) Develop accessible recruitment practice including training for hiring managers on neurodivergence, inclusive, accessible interviews, providing clear communication and advance access to interview

questions, and giving constructive feedback to unsuccessful applicants.

- 3) Develop accessible and inclusive career development planning for disabled women staff to support their progression.
- 4) Introduce a reasonable adjustments passport to ensure that disabled women have consistent access to the support they need in the organisation.
- 5) Record disability-related sick leave separately from other sick leave to avoid triggering absence management processes which disproportionately affect disabled women who may have a higher level of absence because of their impairment.
- 6) Review formal and informal performance management practice to identify where disabled women may be disproportionately and unfairly affected.
- 7) Gather and analyse intersectional data on performance management, disciplinaries, and VAW to identify patterns in disabled women's experiences.
- 8) Review bullying and harassment policies to include specific information and provisions on sexual harassment, and disability-related bullying and harassment, and seek views from disabled women staff on the effectiveness of the complaint reporting system.
- 9) Provide flexible working at all levels to support disabled women to do their job well and to manage their health and any caring roles they have, and ensure that availability of flexible working is included in job adverts.
- 10) Have a 'default yes' approach to flexible working requests to accommodate disabled women's needs, including providing remote and hybrid working as a reasonable adjustment.

- 11) Line managers should ensure that communication with direct reports is clear and concise, and agree with neurodivergent employees how best to communicate and work together.
- 12) Recognise that menopause symptoms can meet the legal definition of disability, and can also exacerbate existing conditions/impairments, therefore workplace menopause support should be disability competent.
- 13) Create sensory-friendly, inclusive workspaces that includes quiet zones for working for those who need them.
- 14) Provide meeting agendas in advance, produce written summaries of actions, and schedule extra breaks in longer sessions i.e. 90 mins or more.