OFFICIAL REPORT
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DRAFT

Equalities, Human Rights and Civil Justice Committee

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Pàrlamaid na h-Alba

Session 6

Tuesday 17 February 2026

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EQUALITIES, HUMAN RIGHTS AND CIVIL JUSTICE COMMITTEE
5th Meeting 2026, Session 6

CONVENER

*Karen Adam (Banffshire and Buchan Coast) (SNP)

DEPUTY CONVENER

*Maggie Chapman (North East Scotland) (Green)

COMMITTEE MEMBERS

*Pam Gosal (West Scotland) (Con)
*Rhoda Grant (Highlands and Islands) (Lab)
*Paul McLennan (East Lothian) (SNP)
*Marie McNair (Clydebank and Milngavie) (SNP)
*Tess White (North East Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Sarah Angus (Scottish Prison Service)
Laura Buchan (Crown Office and Procurator Fiscal Service)
Bill Colley (Scottish ADHD Coalition)
Dani Cosgrove (Stronger Together for Autism and Neurodivergence)
May Dunsmuir (First-tier Tribunal for Scotland)
Superintendent Graeme Gallie (Police Scotland)
John Good (Law Society of Scotland)
Dr Inga Heyman (Edinburgh Napier University)
Rob Holland (National Autistic Society Scotland)
Dorry McLaughlin (Scottish Autism)
Jenny Miller (PAMIS—Promoting a More Inclusive Society)
Dr Natasha Spassiani (Centre for Addiction and Mental Health)

CLERK TO THE COMMITTEE

Euan Donald

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Equalities, Human Rights and Civil Justice Committee

Tuesday 17 February 2026

[The Convener opened the meeting at 09:00]

Neurodivergence

The Convener (Karen Adam): Good morning, and welcome to the fifth meeting in 2026 of the Equalities, Human Rights and Civil Justice Committee in session 6. We have received no apologies this morning.

Our only agenda item in public today is to continue taking evidence as part of our inquiry into neurodivergence in Scotland. The inquiry was precipitated by the Scottish Government's decision in 2024 to delay the introduction of a learning disabilities, autism and neurodivergence bill. In the inquiry, we will be focusing on the experience of neurodivergent people in education, employment and the criminal justice system.

We will hear this morning from witnesses in two round-table sessions. The first will focus on the criminal justice system, and in the second, we will hear evidence from groups representing the interests of people with neurodivergences.

We will begin our first session. Before we move to questions, I invite everyone to introduce themselves. I will begin, and then move round to my right.

I am convener of the committee.

Maggie Chapman (North East Scotland) (Green): I am the Scottish Green MSP on the committee, and its deputy convener.

John Good (Law Society of Scotland): I am a member of the Law Society of Scotland criminal law committee; I am principally a defence lawyer.

Pam Gosal (West Scotland) (Con): I am a member of the Scottish Parliament for the West Scotland region, from the Conservative Party. I am also a member of the committee.

May Dunsmuir (First-tier Tribunal for Scotland): I am the chamber president of the health and education chamber, which sits in the First-tier Tribunal for Scotland.

Sarah Angus (Scottish Prison Service): I am director of policy at the Scottish Prison Service.

Marie McNair (Clydebank and Milngavie) (SNP): I represent the Clydebank and Milngavie constituency. Welcome, witnesses, and thank you for your time this morning.

Dr Inga Heyman (Edinburgh Napier University): I am associate professor in policing and public health at Edinburgh Napier University.

Tess White (North East Scotland) (Con): I am a member of the committee from the Scottish Conservatives, representing the North East Scotland region.

Laura Buchan (Crown Office and Procurator Fiscal Service): I am a legal director with the Crown Office and Procurator Fiscal Service, and I am one of its equality leads.

Paul McLennan (East Lothian) (SNP): I am the MSP for East Lothian.

Superintendent Graeme Gallie (Police Scotland): I am the partnership and preventions lead for Ayrshire and Arran, and I am also the national delivery lead for our neurodiversity strategic working group.

Rhoda Grant (Highlands and Islands) (Lab): I am a Labour MSP for the Highlands and Islands.

The Convener: We move online to Dr Natasha Spassiani, who joins us all the way from Toronto—I wonder if you have more sunshine there than we have here, Natasha. Please introduce yourself.

Dr Natasha Spassiani (Centre for Addiction and Mental Health): Good morning, everyone—and no, convener, it is still very dark here. I am a scientist at the Centre for Addiction and Mental Health research hospital in Toronto, associate professor at the University of Toronto and visiting associate professor at Edinburgh Napier University.

The Convener: I know that it is quite an unsociable hour for you, but it is important that you are with us, so thank you for joining us.

Thank you, everyone—you are very welcome. I will kick off with the first question, and if anyone would like to come in, please answer with a raised hand. Natasha, you can put an R in the chat function.

Given the increasing recognition of neurodivergence in Scotland and long waiting lists for autism and attention deficit hyperactivity disorder assessments, could you set the scene by explaining how your service interacts with neurodivergent people, and say whether you have seen a change in prevalence in recent years? Would anybody like to come in on that one?

Sarah Angus: I will start. With regard to prevalence, the SPS recently updated its education strategy, and as part of that, we commissioned research, through both literature reviews and a user voice approach, looking explicitly at how we could introduce and embed neurodivergence in the strategy. We found that, in the Scottish Prison Service, there are people with a lot of different neurodivergent traits, autism and speech and language needs, alongside people who have experienced things such as brain injury. Whether or not that represents an increase, we are much more aware of those traits and of how we can start to embed support for them in our practice.

Laura Buchan: I agree with Sarah Angus. It is difficult. 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.

Under the Victims and Witnesses (Scotland) Act 2014, there is a duty around communication, so Sarah Angus makes an important point about speech and language, and about understanding and ensuring that everyone has a right to be understood and to understand.

In general, we take it from that level in any dealings that we have with victims, witnesses and the accused. 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. 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. Nevertheless, training is one of the steps that we take in relation to the people with whom we come into contact day to day.

Superintendent Gallie: Police Scotland recognises that individuals are at the heart of everything that we do, and we have always taken a needs-based, trauma-informed approach. We realised that we are on a journey with regard to neurodivergence, and that is why, just over two years ago, we established the neurodiversity strategic working group to co-ordinate our approach to neurodivergence in relation not only to people in our organisation, but to those in the communities that we serve. As I said, we are on a journey, as both our own understanding and the wider public understanding of the issues are growing at the same time. However, the real focus for us is on an individual’s needs, rather than necessarily a diagnosis.

May Dunsmuir: I will speak specifically about the additional support needs tribunal, which sits in the health and education chamber. I wanted to make that clear, as it is a bit of a complex structure.

The tribunal has been deciding matters involving people who are neurodiverse for many years. It is not a new thing for us—we have been dealing with it since the tribunal’s inception in 2004. We have seen a rise in the volume of cases over the past five years, but it has always been the case that the vast majority of the children or young people who are at the centre of the process—whether they are the person about whom the decision is being made, a witness or the party who is raising the action—are neurodiverse, principally with autism or ADHD. Some have other neurodiverse conditions, but those are the two most prominent ones.

The prevalence has never gone down, and the numbers have always been very hefty. I would say that more than 90 per cent of our cases represent neurodiverse children.

The Convener: That is really interesting. You do not think that neurodivergence is more prevalent; rather, there is perhaps just more understanding of neurodivergence overall, and identification of neurodivergence, whereas in years gone by, people would not have understood particular behaviours as such.

May Dunsmuir: The way into the tribunal is that a child or young person has to either have additional support needs or a disability. You do not need to have a diagnosis to have additional support needs, but I think that it is fair to say that those who do not have a diagnosis might have more of a “journey” to make—to quote Superintendent Gallie—in order to access various services. Disability is different, because there are legal tests to define who is disabled.

It is a funny thing for me to hear everyone speak about neurodiversity as if we have suddenly become awake and alert to it, when it has been common to us, in our work, for so many years. I think that the language is becoming more accessible and people are becoming more aware, but given that the whole of our jurisdiction deals with it, it is not in any way novel to us. I think that there is more public knowledge, and information is becoming more accessible and more widely known, so the terms and the language are more widespread in the public arena than they ever have been. That is a good thing.

Dr Heyman: To build on what everybody else has said, one thing that has happened more recently is that we have become aware that some people have been channelled down the wrong routes, into mental health services or into the prison service, simply because of a neurodivergence. We are probably getting more aware, but we are also realising that a lot of people are going into the wrong system, or might have been channelled into the wrong area for support—

into something that is not necessarily the right thing. We, and our colleagues in Police Scotland, are probably getting a lot better at identifying people's needs in order to divert them from what may be the wrong service.

The Convener: Okay—thank you. We now move to questions from Pam Gosal.

Pam Gosal: I thank you all for the information that you have provided so far. Neurodivergent individuals, including those with autism, ADHD or learning disabilities, are between two and three times more likely to experience domestic abuse. Reports suggest that up to 84 per cent may experience violence in their lives. Unfortunately, disability status is not recorded by Police Scotland when domestic abuse incidents are reported. As you might be aware, I had introduced a member's bill—the Prevention of Domestic Abuse (Scotland) Bill—that would have required authorities to record the information, but, unfortunately, the First Minister's refusal to back my bill meant that I had to withdraw it.

Taking into account that that data is not collected, what systems are in place to identify neurodivergent people during different stages of the criminal justice process, especially women who are victims of horrendous crimes such as domestic abuse? I hope that most of you can answer that, so I will open it up, but perhaps Laura Buchan can start.

Laura Buchan: The Crown Office and Procurator Fiscal Service is one part of the criminal justice system, along with Police Scotland, the defence bar, the judiciary, the Scottish Courts and Tribunals Service and the Scottish Prison Service. We recognise that the best thing that we can do, whether for the accused, victims or witnesses, is to have as much information as we possibly can in relation to an individual. We are currently working with Police Scotland in relation to standard prosecution reports. That work is about Police Scotland providing as much information in such reports as it possibly can, which will support COPFS in being able to make decisions when we are considering cases.

While neurodivergence might not be recorded as part the way in which the police record information, they still have the ability to record those types of details and information, whether in relation to the victim or the accused. That is important because, when cases come to us for consideration, we consider each case in relation to—as we often put it—all the facts and circumstances. Having as much information as possible can really inform our decision making in relation to what we do.

With regard to an accused, where there may be autism or neurodivergence, if the police are aware of that and that information is shared with us, and if we know which services that person has been involved with in the past, that can shape what we do when we consider a case and which route to take, which may include involving those services with which the person has already been involved.

Equally, with regard to a victim, if we are aware of that background, it can, again, assist us to know what support that person may have in place, or even just to know what conversation, or type of conversation, that we may require to have with them. There is guidance to ensure that we are providing the right support and the right tools to enable that person to give evidence if we ultimately go to court.

At this stage, it may be helpful to say that, based on the numbers for 2024-25, COPFS receives more than 130,000 police reports, and more than 13,000 death reports, per year. That is the context, and those are the cases that we consider each year.

Members of COPFS will have a range of types of contact with victims, witnesses and the accused. That can mean no contact at all in some cases, but in some of the most serious cases that we prosecute, it may mean extensive contact. Any information that we are able to get will be considered. That can be provided by the defence at a later date or by the accused, victims or witnesses themselves.

09:15

Superintendent Gallie: Police Scotland is acutely aware that data drives a lot of our business and how we approach things, and the systems that we have in place to collect that information are growing and changing as we move on.

At the first point of contact, the important thing for us—as I said earlier—is to take a trauma-informed approach, and to understand the needs of individuals and record those where we can. As my colleague stated, the standard prosecution report is one of the methods for passing on that information to our colleagues in the Procurator Fiscal Service and then the courts. We also have a vulnerable persons database, in which we would record any vulnerabilities that the officers pick up during contact, and that is shared with partners.

Last year, Dr Heyman and I produced a two-day knowledge exchange conference in Edinburgh, which brought together academics, researchers and practitioners from around the world to look at some of the themes that we are discussing today. One of the elements that came out of that conference concerned acute brain injury in individuals resulting from domestic abuse, and how the prevalence of such brain injury, along with neurodivergence and other elements, was extremely high in that context.

We are, therefore, looking at things such as a red-flag scenario, whereby we can equip officers with a ready reckoner to explain to them, “These are the things to look out for and take into consideration when you’re dealing with a victim of domestic abuse.” That may include things such as acute brain injury and neurodivergence.

Our approach to all those things is in its infancy just now, and we are working with academics and various third sector organisations to build on that knowledge so that we can record those details and share them with our partners.

Dr Heyman: To build on what Superintendent Gallie said, Police Scotland is on a journey with regard to the identification of these elements. We are not there yet, but Police Scotland is world leading in a lot of the conversations that are currently happening and the work that is going on. Assistant Chief Constable Mark Sutherland in particular is driving a lot of that work. These conversations around identification markers were not happening previously, especially in Police Scotland, but the organisation is driving that forward.

The conference that was held last year, which we are hoping to run again next year, is about building on that work. Again, it is about working together with people with lived experience and with colleagues in healthcare and custody to identify risk and those markers.

I know that it probably feels like nothing is happening, but I can assure the committee that Police Scotland is really driving a lot of that work, and it is very different from what is happening in other parts of the world.

Pam Gosal: Thank you for those responses. I will come back to Superintendent Gallie, as something is worrying me. I am hearing from you about all the good stuff that is happening, which is good news. However, if you cannot identify those markers, and you do not collect that data, how will you know who needs that help, and how will you know to put those services in place?

In addition, when you pass information on to the Crown Office, what information are you passing on? If you are not collecting the data on whether a person has a disability or needs further help, is it—if I may use these words—a guessing game? I know that sometimes people will not tell the police; sometimes you have to ask. I am a bit worried about how information is passed on. Is it just basically the luck of the draw, where if you see something, you pass it on? You do not collect that information, and if you do not collect it, we will not have the data in the Parliament to understand how much help your services need. It is about both sides. Perhaps you can give me a bit more clarity on that. If you are not collecting the data, how do you know?

Superintendent Gallie: I will look at the identification element first. It is not the role of Police Scotland, as an organisation, to diagnose or screen someone for a neurodivergence or for any condition, but it is our responsibility and role to identify vulnerabilities and needs, and we are focusing our efforts on that by upskilling our staff and officers. 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. We also spoke with different social work and mental health practitioners in that area and filmed them, along with staff in our own organisation, such as those who are involved with the appropriate adult scheme and our custody colleagues, so that we can raise awareness across our organisation of the broader issues to consider that neurodivergence and learning disabilities can bring in.

As you pointed out, it may be the case that we do not necessarily mark the specific disability type, but we record where there is an identified vulnerability or need. One issue that we will always suffer from is that it sometimes comes down to self-disclosure by the individual whom we are dealing with, and to professional judgment. We are doing everything that we can to make people feel comfortable with self-disclosure, both in our organisation and in the communities that we serve. We are also doing everything that we can to raise general awareness across the more than 20,000 people who work for our organisation.

Pam Gosal: I thank Superintendent Gallie for that information.

I have one more question, for Laura Buchan. As you mentioned earlier, information is passed to COPFS from the police. What does that information look like? Is it quantitative or qualitative information? How do you find out whether a person needs that extra bit of help?

Laura Buchan: I echo what Graeme Gallie said. With regard to contact and the discussion about the bill, sometimes our staff will meet a witness for the first time only when they are giving evidence, so it can be a really limited interaction. However, the information comes through in the police report, so the work that Police Scotland is doing on upskilling—if that is the right phrase—around identification of vulnerabilities is important. Identification of vulnerabilities and support is about asking the right questions, so Pam Gosal is right that it will, to a certain extent, be subjective. However, that information will be outlined in a particular part of the police report, so it will come to us.

With regard to victims of domestic abuse specifically, a large number of cases—in fact, most cases—are prosecuted in our summary sheriff courts across Scotland. Over the past couple of years, we have launched the summary case management system. That means that a depute who is conducting a domestic abuse trial will now contact the victim of domestic abuse in advance of the trial. That would not always, or not normally, have happened previously, but we are now proactively taking that approach. That is another opportunity for the person who is conducting the trial to have a conversation with the victim to talk about what support they might need.

We have also launched a toolkit for the staff in our victim information and advice service, which looks specifically at various categories of victims. That includes victims of domestic abuse and those who are neurodivergent, as well as those with suicidal ideation and those with mental health issues. Again, it is about enabling COPFS staff to identify what vulnerabilities there might be and what other support might be available.

It comes down to the information that is shared with us. We recognise that we can then do more to share the information with the court and with local authorities, which can provide support. Ultimately, any information that we have on an accused person can be shared with the SPS if that person ends up serving any sentence of imprisonment.

Maggie Chapman: Good morning, folks, and thank you for your contributions so far. I will follow the same lines of questioning that Pam Gosal started. Laura Buchan and Graeme Gallie both spoke about the need to have awareness, and ensuring that staff are trained to identify vulnerabilities. Perhaps this is a question for you, Graeme. In a situation where you are attending an incident, is it ever appropriate to ask a question about that? I am thinking about not so much a direct question such as “Are you neurodiverse?”, but something like, “Are there any support issues we should be aware of?” Does that happen or should it happen, routinely?

Superintendent Gallie: I would hope that it does. I mentioned earlier our trauma-informed approach as an organisation. Unfortunately, our officers and staff usually meet people during a point of crisis in their life; dealing with such situations probably accounts for 90 per cent, at least, of what we do as an organisation. In those moments, you have to be adept. You have to listen and understand what the person is communicating to you in order to understand their needs and vulnerabilities. We are heavily focused on that.

We have also had training called “Act Don’t React”, which the committee might be aware of, and which 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, including asking them in the direct way that Maggie Chapman talked about. However, our drive as an organisation is about raising awareness to make that a mainstream conversation, rather than something that is not talked about.

I am neurodivergent. I got my diagnosis when I was doing my postgrad 28 years ago. However, I do not think that I talked about it for the first 18 years of my police service. It is probably only in the past four or five years that I have felt more comfortable about doing so, and about promoting neurodivergence within our organisation and within the communities that we serve. The conversation is becoming easier, and I hope that our staff demonstrate that.

Maggie Chapman: It is perhaps about finding a balance between not expecting people to do so, but wanting to create a situation where people feel comfortable to self-disclose. As we have discussed throughout this inquiry over the past few weeks, a whole range of reasons, including stigma and lack of confidence, might prevent somebody from doing so. Therefore, if somebody actually asks a person, “Do you need a little bit of extra support here?”, that could be really useful in some circumstances. However, it might also go the wrong way. I appreciate what Superintendent Gallie said about dealing with people in a moment of crisis.

We have talked a little bit about the barriers to people disclosing, and to people asking those questions. However, what are the barriers once people get a little bit further into the system? If an issue has not been flagged up by the police or in earlier processing, as somebody—whether an accused person, a victim or a witness—goes through the system, how do we identify their needs beyond what is flagged up right at the start? Certain people will respond differently in that moment of crisis, and their needs might become apparent only weeks, or sometimes months, down the line.

I do not know who wants to pick that up first.

Sarah Angus: I could come in on that, Ms Chapman. You are right that there are barriers when a person gets to the point of imprisonment. Within the Scottish Prison Service, we certainly see the riskiest people in society, but we also see people with a lot of vulnerabilities, and the two are not mutually exclusive.

Our situation is almost akin to that of a community. We spend a lot of time with people. Information can come from various different sources. It might come from somebody speaking to a chaplain in a comfortable environment, or through our induction or admission process, where we ask people questions. However, that does not mean that barriers do not still exist.

Through our education strategy, we know that we have to work in different ways to engage people, and we are starting to do that. It really is about relationships, and our officers are great at relationships. That is one of the things that we are very proud of as a service, because we have to live and work with people.

We absolutely have to manage behaviours. We are not in the same incident situation as our police colleagues nor do we have the limited contact that our colleagues in the courts and Crown Office would have. We have to manage behaviours, but we also have to understand the drivers of those behaviours, all of which is important in maintaining a secure and safe environment that benefits and supports more people.

09:30

Maggie Chapman: Thanks very much for that. I suppose it is about safety and security for everyone—for the individual, for your staff and for other people who are in prison.

If something is identified, however that information gets to you, if there is not a formal diagnosis, what do you have in place to support formal diagnosis? Is it easy to do that? What are the links between the prison service and healthcare, if that is the route? It is not just down to your staff to manage. Do you have those avenues open?

Sarah Angus: Many people make up the prison environment. Our health colleagues have a target operating model for the skill mix. We work closely with health colleagues in the Government and the national health service. We also have social workers, some of whom have been involved in the lives of people for a long time, while others have been involved for a shorter time.

On education providers, in the past we have used things like the Do-It profiler. Our new education provider has its own tools and individual learning plans. At the moment, we are working to simplify and join up our health plans and prisoner progression pathway, so that the needs of people are more overt and easier for everybody to understand.

Maggie Chapman: I have one more question for you, if I may, about whether you have what you need.

Without thinking about the criminal justice system at all, we have heard elsewhere that barriers to assessment, support and diagnosis exist in communities across Scotland. Do you see the same pressure on services? Can you get somebody in to speak to somebody who might need a diagnosis? I suppose that I am asking whether you need more in order to create the supportive, safe and secure environment for everybody that you want to have.

Sarah Angus: There are very few learning disability nurses and occupational therapists across the prison estate. I will not answer on behalf of my health colleagues, but we could always do with more.

The committee will also be aware that the prison population is unsustainable because of overcrowding, which constrains our ability to offer services. There is always more that can be done.

I would also point all the way upstream, Ms Chapman, where people are talking about the pathway into prison—yes please, if more can be done further upstream, it would be to the good of us all.

Maggie Chapman: That is helpful. Thank you. Inga, you were nodding along. Do you want to come in on this?

Dr Heyman: We have phenomenal nurses working in forensic services and police custody. If they identify that somebody has a need, they link and communicate with police and there is discussion about that. Those forensic nurses have phenomenal identification skills, but the challenge is that there are not enough of them. It is an area that we try to champion within healthcare, along with our learning disability nurses, and my colleague Natasha Spassiani will be able to discuss trying to recruit nurses into learning disability nursing a bit further, I am sure, as Edinburgh Napier University is one of those providers.

It is challenging. There is a shortage of learning disability nurses across the board, so there are definitely gaps, and I am sure that Natasha could speak to that more strongly.

Maggie Chapman: Natasha Spassiani, would you like to come in?

Dr Spassiani: There are definitely gaps in the provision of learning disability nurses in the forensics unit. I have been sitting back and listening to everyone talk. My research looks at inclusive research and how we can gather the voices of people with learning disabilities or neurodivergent disabilities to ensure that, once they are involved in the criminal justice system, they feel empowered. One of the flags that I am seeing is that we are not really discussing that. Very thoughtful questions are being asked, but 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, so that it is an empowering experience?

Yes, identification is important and being able to track people through the system is important, but where are the supports that are being co-developed and co-designed by people with learning disabilities and neurodivergent disabilities to really ensure that the system moves from a very ableist system to one that is more diverse and inclusive of the different needs of people with neurodivergent disabilities? That is getting lost in some of the discussion, so I wanted to highlight that. It is important for the learning disability nurses to be well trained in how to do that, because people with disabilities are actually the experts in that area, so we must ensure that their expertise is highlighted, and that we are asking them how we can make the service more accessible to meet people's needs.

Maggie Chapman: Thanks very much, Natasha. I think that you are right that we have not really brought those voices in before.

Graeme Gallie, you indicated that you want to come back in, and then I have a question for John Good.

Superintendent Gallie: Natasha Spassiani has picked up on a really important point, and I want to give you one example of how we are trying to deal with that in Police Scotland. 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.

I talked earlier about the SOLD network, which is working with people with lived experiences and with other professionals who work in that environment. Before that, we talked about the knowledge exchange conference that we held last year; we brought together people from across the criminal justice system and individuals with lived experience, who have been there, lived it and can give us their feedback. We are now using that on a daily basis to inform how we move forward as an organisation.

Laura Buchan: I will come in on that point as well, because Natasha Spassiani raised a really good point about our learning and, as Graeme Gallie said, we are on a journey with that.

COPFS has a network of equality ambassadors; they are volunteers from across the service who represent all of the protected characteristics. In particular, we have equality ambassadors for many different characteristics including learning differences, ADHD, autism and dyslexia. We have a dedicated neurodiversity support network for staff, and it does external outreach and has discussions with autism organisations, specifically autism initiatives. That also allows people with neurodivergence within our organisation to get in touch with the ambassadors or the network when they are looking for support and advice. That can be support and advice on neurodivergence in relation not only to family members or colleagues but to cases for which they want advice and support. 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.

Maggie Chapman: John Good, I will come to you next. We have been talking quite a lot about support, recognition, identification and awareness. In your experience, what support has been available for the people you work with who have been accused of various crimes or have been remanded or sentenced?

John Good: On the immediate support that is provided at the point of crisis, when people appear in court or are involved with the police and the Procurator Fiscal Service, we are aware that nurses come into the custody suites in police stations in Edinburgh and Livingston and in the courts. There is healthcare provision for nurses who are trained to assess individuals' needs and to ensure that prisoners' welfare is maintained.

There are also in-house mental health practitioners. I am familiar with the work of those based in Edinburgh sheriff court, who operate under the auspices of social work. A large team of at least half a dozen social workers work out of the sheriff court. They are all involved in the triage process as people enter the custody system at a police station and then subsequently in court.

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. We liaise with practitioners, who provide us with advice on the person's current situation and the immediate issues that they are facing, and then we try to adapt our approach to support them through that.

It is not complicated, but there are constraints because there is business to be done and a process to go through, all while working within time limits; there is also a shortage of resources in terms of courts and facilities.

Communication between certain elements could also be better. The Law Society provides a lot of background information and training to practitioners, including online courses, some of which we run.

We are aware of the aspect of dealing with people in custody. The statistics are well known: the vast majority of people who come into custody will have a combination of issues. Sometimes it is the combination that creates the complexity, and masking can occur. Someone might have been through a traumatic situation or a crisis that is still working its way through their mind when we see them. There might also be substance-abuse issues, and there will often be psychiatric or psychological issues as well—not just developmental vulnerabilities such as neurodivergence, autism or things like that. There is a huge sandwich of things that you have to kind of bite into.

Maggie Chapman: We are all interested in preventing and limiting repeat contact. Are we getting it right?

John Good: It is very hard to quantify. A lot of information is available, and we are looking at what work can done upstream to avoid people falling into behaviour that brings them into contact with the police, both as victims and as accused persons, because, very often, those roles are interchangeable. One of the anomalies of court is that I think that 60 per cent of people who are victims of crime also have a criminal record—there is a kind of circularity in that relationship.

When it comes to dealing with people in custody who have neurodivergence and learning disabilities, the police have a portal—or a link to the system that they use for SPRs—that enables them to flag issues to social work and to child and adolescent mental health services. That allows information to be passed on. Sometimes that needs to be done in an emergency, because you might be dealing with a very young person or a child who has learning difficulties or disabilities and urgently need social work input. Other times, it is to flag an issue—it is maybe not a red flag, but a lesser-coloured flag—and ask social work to intervene, come on board and provide support for the person after an incident.

It is difficult to answer the question, because we sometimes do not get the required depth of information from the people we deal with, or we do not have the time or resources to get the information while they are in custody. We have to be focused when we are trying to liberate them or get them into the right environment for the next stage.

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.

09:45

I also go into schools, because we are trying to educate children about the criminal justice system. Each year, I preface that work by speaking to the teacher and asking whether anybody in the class is neurodivergent or has special needs and whether I need to adapt my communication to deal with anybody in the class. It is the same principle that applies elsewhere. When you are meeting a new cohort of people, you should always start, like the police do, by asking some pointed, appropriate questions about their level of need and ability to interact.

We are very aware of it being a live issue. By the time we are in court or in a cell dealing with a prisoner, we are way behind the curve. At that point, we are past the stage of starting again and looking at the particular issues or the finer details, because we are looking at the big picture and dealing with the main issue that we have to deal with, which is whatever the crisis has caused.

Maggie Chapman: That is really helpful. I suppose it comes back to what Sarah Angus said about the need for support and preventative work when the person is in custody or on remand in prison.

John Good: Yes. That is very important.

Maggie Chapman: May, do you want to comment?

May Dunsmuir: Yes. I am not involved in the criminal justice system, but I want to make a couple of observations that pick up on something that Natasha Spassiani said. I wonder whether we could take a step back, because there is a piece missing.

I have heard references to managing behaviour and behaviours. I wonder whether we fully grasp that someone who is neurodivergent will be experiencing points of distress or dysregulation rather than behavioural matters. If that is not well understood, what will be managed is the behaviour rather than the distress or the dysregulation. There is a world of difference between those things, and I think that we need to understand that better. Certainly in justice, we are now understanding it better. People are beginning to recognise that the symptomatology or outward expressions of the particular neurodiverse condition are quite distinct from behavioural disruption or choice in how someone behaves. It is a common misconception that the person is choosing to behave in a particular way when what they are emanating is actually distress or dysregulation. If we understood that better, the system would be built better, because that is the foundation.

I absolutely agree with the point that Natasha Spassiani made about voice. Voice and co-design are parts of the Promise, which I am sure the committee is familiar with, and that is critical. We, too, have been trained by the National Autism Implementation Team, and its mantra is “difference, not deficit”. We need to understand that much better.

In order to build systems in justice, certainly in my tribunal, we have had to go directly to those with lived experience. We are never going to get a better expert than those who are actually living it. It has been good to hear that people recognise the important point that every individual’s experience is individual. However, if we are going to establish confidence in the systems that those of us round the table represent, those who actually live with neurodiverse conditions need to have confidence that the systems that we generate are built on their actual experiences.

I put a lot in the written submission to the committee, and I do not intend to rehearse all of that.

Doing it that way was quite a different approach to take. It has given the children and young people who are the subjects, the parties or the witnesses in our proceedings the confidence to be able to speak more openly. They speak about not feeling that the space is right for them to be able to tell their own stories, and, in all the systems that are represented around this table, we must create the right environment.

You will all be aware that the UNCRC—I think that you will know that that is short for the United Nations Convention on the Rights of the Child—was incorporated into Scots law a very short time ago. For anyone who is under the age of 18, as public authorities, we all have a responsibility to ensure that we do not act in a way that is incompatible with the UNCRC. There is a great deal in the general comments on article 12 about what weight we attach to the views of the child, as well as on the environment that we create so that an under-18-year-old is able to share their story well.

Preparation for that is key, and I am not sure how well prepared someone who is neurodiverse who finds themselves in one of the systems that are represented here will feel. We had to do an awful lot of work on that in the tribunal. We had to focus on preparation. We might feel that we are preparing ourselves, but how well prepared the person who is at the centre of it is could be another matter. We cannot skirt around that now that the UNCRC is in Scots law. We have to apply it properly and well.

If we listen to informed voices and work with them on developing the design, things will improve. Things will be better for the person who is neurodiverse if they have been involved from the very beginning. The problem with bringing them in quite far down the line is that confidence can be weakened and we might make many mistakes. I cannot tell you how often I have attempted to do something, then gone back to the voice of experience and had to rip it up and start again. Instead of doing that, we are far better going to the right starting point and building our systems around the individual experience and needs that neurodiverse people have.

Thinking about voice and about difference, not deficit is not just a nice thing to do to—it is a critical thing. We must not get it the wrong way round. I appreciate all the questions that are coming—they are incredibly valuable questions—but I am thinking of some of the voices that I have heard, such as children and young people who say, “Ask the right question. Go to the beginning.” I am only speaking in relation to children and young people, but I would be very surprised if it was different for older individuals.

My final point is that, although it is very common that the child or young person at the tribunal is neurodiverse, their parents might well be neurodiverse, too, so it is not just children and young people who we accommodate in our proceedings. We accommodate the wealth of people who attend our tribunals who are neurodiverse. It might not surprise you to know that the majority of the people on that side of the table will have neurodiverse needs.

I said that that would be my final point. However, the full stop is that those who are not neurodiverse speak incredibly positively about the steps that have been taken to change the process and the experience. What we do well for those who are neurodiverse will have a positive impact on those who are not, because we will do it better.

The Convener: Natasha has indicated that she would like to come in.

Dr Spassiani: I could not agree more with the comments that were just made. I want to bring some focus to the comment that was made about behaviours that are perceived as challenging and how that can really get people who are neurodivergent into trouble, which is a very disempowering experience for them when they are going through the criminal justice system or interacting with various people.

We know that, a lot of the time, behaviours that are perceived as challenging are a form of communication.

It is very common for neurodivergent people to struggle with communicating in a mainstream way, or the way that we have been socialised to communicate. 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.

When we talk about support, co-producing things, getting the voices of people with disabilities at the forefront and thinking about how they are communicating, we need to think about how we are interpreting their behaviours and recognise our own ableist bias in that, so that we make sure that the journey is very empowering for those individuals and not disempowering.

Laura Buchan: I thank May Dunsmuir and Dr Spassiani. We totally agree that we can see and have seen the real value in those with lived experience being able to tell us about their experience and about what works, what does not work and what support can be given.

We are doing a significant amount of work on becoming a trauma-informed organisation and trauma-informed practice. I refer to John Good's point that the work that we are doing is often multilayered. The work that I am doing at the moment is looking at victims of serious sexual offences, including children, who might have complex post-traumatic stress disorder. Similarly, on how we interpret certain behaviours or responses, it is about being able to identify that someone might have a diagnosis of complex PTSD and how we support them. A significant amount of work has also been done in relation to the UNCRC. All that work benefits the system as a whole across our organisations.

When we come into contact with any person, whether they are a victim, a witness, an accused, a child or an adult, we are thinking about their individual needs. I am thinking about contact with people on our front counters or people who are taking phone calls. When there is that multilayered aspect, which might include addiction, it can be very difficult to properly identify what support might be needed, but with assistance, input and conversations—we apply that approach to everybody—I think that we can improve the system that we provide to everyone.

Maggie Chapman: Thanks. I will leave it there.

Paul McLennan: I have a couple of questions. I looked through the information and wondered about the prevalence of neurodivergences in young offenders. It is really startling that the prevalence rate is 60 to 90 per cent in young offenders. The other thing that was talked about was inequalities. Autistic people are nine times more likely to die by suicide, but the prevalence of communication disorders in the general population is only 5 to 10 per cent. Can we do more in terms of prevention? Are we doing as much as we can in relation to the prevalence figures? For me, that is a really important point. Sixty to 90 per cent is startlingly different from 5 to 10 per cent. Are we doing enough at the start of the process?

Superintendent Gallie, I will come to you at some stage. I met the local command team, and one of the key things that they said is that they almost feel that their role is more social work than policing. Is there something that we can do on the prevalence figures?

Sarah Angus, you talked about people with vulnerabilities and then you moved on to people with communication disorders. Is there more that we can do in that area before it even gets to the stage of people offending? That 60 to 90 per cent figure is absolutely startling.

Superintendent Gallie, I will come to you first on the point about the police, but, more generally, can you comment on that figure? For me, that is the stand-out figure in the evidence.

10:00

Superintendent Gallie: To be honest, I think that we ask a lot of our officers and staff every day, particularly given the ever-increasing reductions in resourcing. They have to be social workers, police officers and paramedics in some cases—they have to cover a whole spectrum of incidents and elements. Not only that, but a lot of these things are instantaneous. That goes back to John Good's comments about the tight time constraints. We do feel the pressure of that, and we look to our partners to step up into that space to assist us. Indeed, many around the room will have experienced the same.

In my day job, I am a partnerships and prevention superintendent for three local authority areas, and I am acutely aware of the challenges that we have in this space. Suicide prevention, for example, is one of the main strands of that work, and neurodivergence and learning disabilities are obviously an added element.

We are asking a lot, but we are also doing a lot. We are never going to be perfect in this—or any—space, but what the partners around the table have demonstrated today is that we are all moving in the right direction on that journey.

Paul McLennan: Perhaps Sarah Angus can come in on this, too. The key point is that this is almost what you might call failure demand. If the prevalence rate is 60 to 90 per cent as opposed to 5 to 10 per cent, it means that we are having to deal with the symptoms before we can actually get to the causes. I do not know about the work that goes on where you are, Sarah, but, to me, that seems to be a key focus. Of course, rehabilitation is incredibly important, too.

I will come to you first, Sarah, and then open it up to others.

Sarah Angus: Quite a lot of people have talked about the prevention side of things, and I absolutely agree. As Ms Chapman has noted, there are a number of barriers for people in the criminal justice system, and there are a number of complexities, too. For us, this is all about people moving back into communities. Obviously, rehabilitation is a part of that, but we will do that working with our partners, because we are not a system in isolation. After all, we are talking about people going back into the community, and back to the support in that community.

Something really encouraging that I have seen over the past few years, which I am grasping on to, is the shift from thinking just about risk to thinking about having a public health model. Instead of being in a tunnel of risk aversion, risk assessment and risk management, we are thinking about how we start to build people's resources, and we are doing that as a prison service. We have been talking about day jobs and previous jobs, but in my last job we were looking at the design of the prison in Glasgow. One of the central things that we wanted was a sociogenic approach—in other words, having a public health model, which is all about thinking about how you build resources for people.

As for prevention, I have recently been fortunate enough to have had contact with, and have begun to understand more of the work of, the Scottish prevention hub, which is, I think, a partnership—I am not quite sure what to call it—involving the police, Public Health Scotland and the Edinburgh Futures Institute. Its work is really innovative, and I think that those are the things that we need to capitalise on and support.

Paul McLennan: I will open it up to others, as I was going to ask about reasonable adjustments, which I think that you almost moved on to.

Does anyone else want to come in? I see you nodding your head, Inga.

Dr Heyman: With regard to prevention, the police do need to react, and, as Graeme Gallie has said, they have to deal with a lot of problems. Those who come to the police's attention have not just one challenge; they have a load of challenges, including mental health challenges and so on. Therefore, the solution is sometimes not as clear cut as putting in place a prevention model right at the beginning.

I agree that, across Scotland, a much more systems-based approach to prevention—to the causes of the causes, you might say—is being taken, rather than a totally reactive approach. Police Scotland is right at the forefront of that work, and our colleagues across the border are thinking about prevention and that whole-system approach, too.

It is a big dinosaur to turn around—the issues are generational and cannot be fixed right away. However, when we look at systems, the partnerships that are prevalent in Scotland, particularly the EFI, are very different from what is happening in other parts of the world. I sound a bit like Mary Poppins and overly optimistic, because turning things around is a big bit of work, but there are certainly strong footings for that to happen in Scotland and real benefits to the relationships and leadership that are being developed to address the really difficult and challenging numbers that you quoted.

The Convener: I listened to what Dr Heyman said about prevention and about different sectors working together. Last week, we took evidence from those in the education sector. I was previously a local councillor and I had conversations with local police, who would tell me that, before an individual came to them or got to that point, they would have been known to them over perhaps many years. They were perhaps targeted or tagged as troublemakers in their local communities, but, most of the time, the individual was neurodivergent or had ADHD. They were also often on part-time timetables at school, which gave them additional time to go out and about in the streets.

How do the police work with the education system? Could situations be improved through preventative measures as soon as a flag is raised, or does cross-sector working already happen before that point?

Superintendent Gallie: We work strategically and tactically in that space. As a partnerships and prevention superintendent, I deal with the director of education and different members of their team to look at how best we can work together in that space. At a tactical level, our campus police officers are invaluable, because they work with the school and other partners in that environment to identify neurodivergent children.

Quite often, children who are neurodivergent or who have learning disabilities are seen as disruptive, but we talked earlier about the dysregulation that they might experience in their environments. Having a campus officer in place early means that we can be informed about how to approach and deal with those individuals, which can lead to better outcomes. However, there are thousands of schoolchildren, and, as has been said, the prevalence of neurodivergence and learning disabilities is high among them. One campus officer in one school will not solve the problem alone, which is why we need to take a holistic public health partnership approach to dealing with the problem—I will not call it a crisis yet—that is evolving in our education system. As I said, we deal with it strategically and tactically, and we are leaning into it in order to learn more about the issues as often as we can.

The Convener: Thank you.

Marie McNair: My question on training has been covered. It was reassuring to hear from our witnesses that the voice of lived experience has been heard in the development of systems that will help everybody, whether they deliver or receive services, in the long term. As we all know, we need to have continuous learning in place so that we get services right and enable people to thrive.

May Dunsmuir's briefing on the First-tier Tribunal was helpful, because it gave me a better understanding of the support that is in place. I had not been aware of that, so thank you, May.

Rhoda Grant: I will ask some questions about attitudinal barriers, discrimination and systemic barriers for people. There is a risk of misinterpretation of communication when neurodivergent people are in the criminal justice system—it can be adversarial. Are people aware of how to communicate and of how to put things to people not just at the entry point but throughout the system? Laura, you said earlier that, quite often, you might not meet somebody until you are in a court situation. Not only perpetrators or victims, but also witnesses might find that situation difficult. In order to get to the truth of the matter, there has to be a way of communicating, and of understanding communication, that does not cause distress or that can be misrepresented.

Laura Buchan: I agree. That is the reality. In a summary court, the depute can have about 12 trials in their court each day. There is an inability for them to meet every witness or, indeed, every victim for that day.

There is a process for identifying cases in which there might be witnesses who would benefit from a meeting, if at all possible, beforehand. That can relate to information that we have received from the police, from the defence or from families.

In relation to communication more generally and the trauma-informed approach that we are taking across the whole organisation, it is about identifying how somebody wants to be communicated with. As I highlighted earlier, people have a right to be understood, and they have a right for us to understand. It is about identifying how people would like to be communicated with and the best way for that communication to be made. We have worked with the people at heart approach.

When I joined our organisation, more than 20 years ago, all our letters were very legalistic. Even if you came from a legal background, they were quite difficult to understand. We now understand that we have to make our correspondence as easily understandable as possible and ensure that it is targeted in the right way. We have launched training across our whole organisation in relation to how we want to convey the message and how that message might be understood.

Rhoda Grant's question is important because our role is to achieve justice and to get the best evidence, and we know that we will get the best evidence from witnesses if they are comfortable, safe and supported. There is therefore also a benefit to us in identifying what the best communication is.

Superintendent Gallie: Assistant Chief Constable Mark Sutherland leads on neurodivergence within our organisation, but that approach is echoed across our executive team. For example, Assistant Chief Constable Catriona Paton leads on the policing together model within Police Scotland, part of which is the "Act Don't React" training, which I talked about earlier. The pillars of that are de-escalation techniques, communication skills, mental health awareness, trauma-informed policing, awareness of biases and stressors, equality and diversity, and suicide prevention. We see those as the golden threads that are woven throughout all our business, and we look at those elements not only within ACC Sutherland's portfolio, but across the whole executive.

Rhoda Grant: If a police officer is called to an incident where somebody is suffering stress and perhaps acting in a way that creates alarm to others, are officers trained to identify that the person is not simply causing trouble but is actually distressed and needs support rather than to be arrested and locked up?

Superintendent Gallie: We have a lot of trauma-informed training in the organisation. However, the committee might be interested to hear about a new product that is about to roll out, which we are calling a needs assessment for the individual with whom you come into face-to-face contact. Sarah Angus referred earlier to being risk averse. We wanted to change the language away from a risk assessment when dealing with an individual so that it is more about asking, "What does this person need, and what do I need to do?" It may be that they simply need somebody to listen to them. They may need a hug, and then they will walk out the door.

There are different levels of escalation. Once we understand the stressors involved, we might refer someone through our distress brief intervention protocols, or we might take someone to a mental health facility to get them the acute help that they need at that time. For us, it is a matter of empowering our officers and staff to take the time to understand that everybody is an individual—with their own complex elements that have brought us into the situation with them—to do the needs assessment and to provide the person with what they need at that point in their life.

10:15

May Dunsmuir: I want to share some of the things that we in the tribunal have learned along the way that are consistent with what the police have learned.

One thing that we picked up early on was the importance of having everyone whom the neurodiverse person will come into contact with trained. We realised that it was not enough to have our judiciary trained and that our staff and our clerks needed to be trained, too. Our staff attend all our judicial training, so, while our judiciary are learning, our staff are learning, too.

There was one thing that we learned a few years ago, which we took from the Scottish child abuse inquiry. Our clerks felt that they were the first person whom the child or young person would come into contact with—that is true—but they did not feel that they were as well equipped as they could be to make the safety begin from that moment of first contact, so we developed a child engagement plan. In preparing the case in the lead-up to the hearing, the tribunal judge will populate that plan with information that they gain from the representative or the parent—whoever is engaged in the pre-hearing stage—and that will include as much information as is valuable and important for the young person's first contact. The young person comes off the street into an environment that is entirely alien to them.

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.

It is a matter of knowing what the child needs in order to feel safe, which might or might not be a hug. Some children will say early on that they will need to have something with them in order to feel safe. In some cases, children have had pets with them, and not always my favourite pets. I do not like rodents, so guinea pigs are a no for me, but I steel myself. Petting a dog before giving evidence, for instance, has led to a dramatic improvement in the environment for a child.

We have talked a lot about trauma-informed principles, three of which are quite prominent when it comes to this question. They are the three Cs: choice, control and collaboration. If the neurodiverse person feels that they can control some of the environment and some of the circumstances that unfold, that really helps with their engagement.

Choice is really important. What does someone need in order to give their evidence and to feel safe in the space? Collaboration is about working with the agency to secure that. We added an additional trauma-informed principle in the additional support needs tribunal. Children said, "That's the fancy words that you use, but here's the word that matters most to us." That word was kindness.

That is part of the trauma-informed landscape. It might not be part of the trauma-informed training landscape, but we had to adjust when we realised just how important eye contact might or might not be. For some children, looking them directly in the eye can be a negative and hostile experience; for others, it is really important to do that.

The child engagement plan acts as a bridge. 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. Those aspects are important, not just at decision-making levels but across all our organisations.

The final point is on communication. We have developed a letter to the child. Even if the child is the party and they get the full decision in that situation, we still write them a letter. We explain the value of their evidence, what we learned from that evidence and the decision. For a lawyer, explaining a complex discrimination point of law is a challenge, but making it clear in plain English is important. I would say that the letter to the child has proven to be incredibly beneficial. Children have fed back that the letter helps them to feel important, valued and grown up.

Anything that we can do to frame our processes, using accessible language, to make it an accessible experience for the neurodiverse person can only be a benefit, but we must ensure that we do it from the front door all the way through to the decision at the end of the day.

The Convener: Pam Gosal has a question.

Pam Gosal: In response to one of my questions last week, the committee was told that a change in culture is necessary to better understand the needs of neurodivergent people. What are your thoughts on that, especially when it comes to the criminal justice system?

Superintendent Gallie: When we started on this journey two years ago, ACC Sutherland was clear that a culture change was needed in our organisation and more widely. Initially, we focused on our own people because, once you understand your own people, you have a better chance of understanding the communities that you serve.

In the past two years, we have had the delivery plan and the 15 key actions in it, which has raised general awareness across our organisation. We have neurodivergent leaders who are clear about that, and that has cascaded down the organisation and is now working its way out into the communities.

A culture change was needed. As I said earlier, we are on a journey, and we are seeing vast improvements.

Dr Heyman: Some of the changes that are happening in Police Scotland are to do with thinking about the individual rather than the risk to the organisation. In the police, there is often a fear of getting it wrong, but that is changing a little. In particular, questions are asked about what someone needs, instead of people saying, “What’s the risk here?” Things are starting to change in that respect, and it makes an important difference when things are looked at through a trauma-informed lens. Police Scotland is trying hard to change.

Pam Gosal: Would our witnesses from COPFS and the SPS like to comment?

Laura Buchan: When we gave evidence on trauma-informed practice during the scrutiny of the Victims, Witnesses, and Justice Reform (Scotland) Bill, which was probably about 18 months to two years ago, it was acknowledged that a significant shift was required across the whole criminal justice system. Each individual organisation has made significant steps in improving our communications with victims, witnesses and the accused, the service that we provide and support. We need to do plenty more, and it has been helpful to listen to the other organisations that are here today and learn about what they are doing. We are working together much more closely than we might have done in previous decades, and that feeds all the way through the system.

A culture change is needed. I said earlier that we appreciate that, although we talk about training and guidance, that is not enough. We need to change the culture across the organisation to ensure that we approach victims, witnesses and the accused in an individual way.

Sarah Angus: I think that that change is starting to happen. I echo all the points that have been made. In particular, I highlight the work on the proposed LDAN bill, which has brought agencies together to look at how we can meet some of the requirements that might or might not be in it.

As part of that knowledge exchange, we have looked at the principles of how we embed these things, rather than some of the products. I agree that no one product will solve all our problems. I am thinking of the journey that we have been on with trauma-informed approaches or trauma awareness; our journey on brain injury awareness; and the debriefing and de-escalation techniques that have been mentioned. That is the language that we all use now, although I am sure that we would all agree that much more can be done in that area.

John Good: I have been involved in the practitioner panel for the consultation on the drafting of the LDAN bill, and there have been three panel meetings with the learned experience panel members, too. This job does not involve many life-affirming things, but dealing with those people is one of the most life-affirming things that I am doing at the moment. That has been incredibly useful and helpful.

I should also point out that it is proposed that the trauma-informed training that we offer in the Law Society will be a compulsory element of our continuing professional development. I think that the culture is changing, because we are learning that, in order to allow the best evidence to come forward in the most effective way—from both sides of the table—we need to allow a witness to be able to give that evidence in the least retraumatising way. That is one of the issues that we have to balance. As you go through the criminal justice process, you will have to revisit what are very difficult issues with people who have their own issues to deal with, and it is very important that we try to lessen and restrict the amount of retraumatisation.

We are learning that such approaches are much more effective for our advocacy skills, too. If you can get a witness to communicate more effectively and ensure that they do not become upset or agitated while giving evidence, the process will be much more productive. Indeed, that sort of thing has already been built into the way in which we are trying to change, develop and become more accommodating to all the people who are involved, and the vulnerable witnesses legislation, and the further development of that, have been critical in that respect.

The courts are now much more adaptive. The culture there has changed, because we now have remote sites that mean that witnesses do not even have to come into the building. There is now no chance that they will meet somebody whom they do not want to meet, or whom they might be scared to meet—I am speaking from the perspectives of the accused and the victim. There are also commissions where the witnesses come in completely independently of the trial process and give their evidence on video, which will be played during the trial. There are screens and other forms of protection, there are supporters in court and so on.

There has been a huge change over the past 30 years of my working life. None of those things existed 30 years ago, so there has definitely been a change. Whether you would call it a change in culture or just a recognition of the need to improve things, it is definitely heading towards a better experience for everybody involved.

Pam Gosal: Obviously, it is important that the committee takes the right evidence and ensures that it puts forward the right actions to the Scottish Government. Therefore, it would be good to hear from each of you one thing—I am sure that there are many, but I am asking for only one—that you would like us to take forward from today's evidence. It might be something that you have experienced in your organisation that we could ask the Scottish Government for to make the process a bit easier for neurodivergent people—especially victims—or to ensure that they are listened to and that a proper service is provided. If you could each give me just one suggestion, that would be great.

Superintendent Gallie: As I explained earlier, we as an organisation are doing everything that we can to make this situation better for everyone, but we cannot do it alone—we require our partners to step up into spaces. One such area is the appropriate adult scheme, which is one of the elements that has been looked at in relation to the LDAN bill and which might come out when the bill is introduced. That scheme is provided to us by the 32 local authorities. If more emphasis is to be placed on that, that needs to be funded and delivered in an equal way across all of them.

In order to support policing, we need partners in such spaces to provide the services that are required. That is one element on which we would be keen to hear the Scottish Government's plans.

10:30

Laura Buchan: My comment will be similar to Graeme's. 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.

Graeme Gallie's point in relation to local authorities is very well made and applies to a number of different areas. I was sheriffdom fiscal for Lothian and Borders for a number of years. That area crosses a number of local authorities, all of which have different services and programmes. When an individual lives in one area but commits a crime in another, that can make the provision of support challenging. Therefore, it would be really helpful to have some consistency in those types of programmes and an awareness of what can be offered to victims, witnesses and the accused.

Dr Heyman: It is important that we continue to look at people as individuals and at their individual needs, instead of siloing them into mental health pathways, neurodivergent pathways or whatever. Very few people come with a single need—in fact, none of us does—and the potential exists for people to be siloed and, as we all work really hard on different pathways, for us to forget that there is a person in the middle of all of this who might be getting overshadowed. It would be valuable to look at the current thinking of the different organisations and at the extent to which they are collaborating to see people as individuals rather than putting them in silos.

Of course, it would not be worth it if I, as a researcher, did not say that we also need to invest in research to understand the voice of people and their experiences in the criminal justice system. There is a lack of research funding to support that sort of understanding and which allows the individual to co-produce and work within that research space. We need to continue to champion research in that area.

Sarah Angus: Having the head space to try to progress some of these things is difficult for the Prison Service at the moment. We have to prioritise certain things with regard to our population, so it is really a case of ensuring that we have the appropriate levels, the appropriate numbers and the appropriate funding to lean into that space and work with our partners. It would also be helpful to progress the principles that were discussed in the LDAN working group.

May Dunsmuir: As a judicial office-holder, I do not think it appropriate for me to comment on matters of policy. However, I will say that we have made the most progress in this area by listening, learning and letting those with lived experience lead us. That, for me, has to be the foundation of everything. Anything that we have developed that has been progressive and positive has come from that baseline. Above all, voice and co-design—I know that I am drawing those things from the Promise, but I think that they apply equally here—will really assist us all as we try to make better progress and better inroads in this area.

Dr Spassiani: The point that I wanted to add is on the importance of co-production. We operate in a very ableist system, and we need to have voices up front and centre in order to shape a more inclusive system that it is proactive rather than reactive. There is no point in coming up with policy reforms, decisions and plans, and then asking people with disabilities what they think—that is just a waste of time. The question is: how do we bring their voices to the forefront? How do we know how to do that?

A lot of the time, we hear more of the voices of autistic people or people with ADHD, and we lose the voices of people with learning disabilities. Therefore, we must ensure that the voices of people with learning disabilities are at the forefront and do not get lost.

My last point is that it is sometimes the default to look at sensory accessibility, simply because it is the easiest thing to address. In other words, how do we change the physical environment? However, what is really important—and what tends to affect whether something will be inclusive and accessible—is the cognitive accessibility piece. That is difficult, but it will really determine the effectiveness of whether a system is inclusive. The absence of that cognitive accessibility piece will be a deterrent to effectiveness and will isolate people with learning disabilities even more. I guess that that would be the suggestion that I would want to be made to the Scottish Government.

Pam Gosal: John, do you have something to say? If not, that is fine.

John Good: My wish list, do you mean? Having worked on the LDAN bill for 18 months or so, I think that bringing that to fruition in the following years would be a major step forward. It has a separate justice part, which is what I have been particularly involved with, and it covers almost everything that we have been talking about today. That is my dream.

Pam Gosal: Thank you.

The Convener: Having made sure that all members have asked everything that they wanted to ask, I just want to thank everyone very much. That brings our first round-table session to a close. I suspend the meeting briefly to allow for a changeover of witnesses for our next session.

10:36

Meeting suspended.

10:43

On resuming—

The Convener: Welcome back. We move to our second round-table discussion of the morning, in which we will hear from groups that represent people with neurodivergences. Before we move to questions, I invite everyone to introduce themselves. I am Karen Adam, the convener of the committee.

Maggie Chapman: Hi, everyone. I am the Scottish Green MSP for North East Scotland and the deputy convener of the committee.

Bill Colley (Scottish ADHD Coalition): Good morning. I represent the Scottish ADHD Coalition.

Pam Gosal: Good morning. I am a Scottish Conservative Party MSP for the West Scotland region.

Jenny Miller (PAMIS—Promoting a More Inclusive Society): Good morning. I am the chief executive of PAMIS—Promoting a More Inclusive Society, which supports children, young people and adults who have profound learning and multiple disabilities, and their families.

Marie McNair: I am the constituency MSP for Clydebank and Milngavie, which is in the West Scotland region.

Dorry McLaughlin (Scottish Autism): I am the chief executive of Scottish Autism—a national charity that supports, particularly in regulated care, autistic people who also have a learning disability. I am keen to put across their voices today.

Tess White: I am a Scottish Conservative MSP for the North East region.

Rob Holland (National Autistic Society Scotland): I am the director of the National Autistic Society Scotland.

Paul McLennan: I am the SNP MSP for East Lothian.

Dani Cosgrove (Stronger Together for Autism and Neurodivergence): I am the chief operating officer and co-founder of Stronger Together for Autism and Neurodivergence—STAND. I am also a parent of neurodivergent children, and I am neurodivergent.

Rhoda Grant: I am the Labour MSP for the Highlands and Islands region.

10:45

The Convener: Thank you, all. I will kick off the questions. Given the increasing recognition of neurodivergence in Scotland and the long waiting lists for autism and ADHD assessments, what are the main barriers to getting a diagnosis? Please indicate if you wish to speak.

Dorry McLaughlin: In short, one barrier is the fact that boards such as NHS Grampian and NHS Forth Valley have ceased diagnosis assessments for adult services.

Bill Colley: 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. 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.

Jenny Miller: For the group that we work with—those who have a profound learning disability—there is a sort of diagnostic overshadowing and a lack of willingness to acknowledge that that group might have alternative symptoms and diagnoses. There is a distinct shortage of speech and language therapists and of occupational therapists in children's services and particularly in adult services, and that makes it increasingly difficult for families to get support for their relative.

Dani Cosgrove: 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.

Rob Holland: The Health, Social Care and Sport Committee held an inquiry into the barriers to autism diagnosis and the lengthy waiting times in particular. We absolutely support the recommendations that it made following that inquiry.

At the heart of the issue is the fact that the system is not resourced to cope with the number of people who are seeking a diagnosis of autism and, more broadly, assessments for neurodevelopmental issues. Although the Scottish Government has committed some funding in the short term to work on that, a longer-term approach is needed with a longer-term funding settlement that addresses the needs of the workforce. Further, as Bill Colley said, the issue is about not only the assessment itself but pre-diagnostic support and post-diagnostic support, because it is important that those who are waiting get the support that they need, whether that is in education, the workplace or the health or care system.

Bill Colley: I will pick up on the term "diagnostic overshadowing". There are two situations in which there is a need for quite an urgent assessment and possible diagnosis. One is when children enter the care system or are at risk of entering the care system. Currently, there is a statutory requirement that they have an assessment, particularly if there is a concern about a neurodevelopmental contribution to the case, but the assessments are not available. Often, those children are labelled as having attachment disorder, for example, even though, when we look at the family dynamics, there is more to it than that.

The other situation is when children enter the criminal justice system, and the same requirements apply, as it would be helpful to the decision making of all concerned if they had a comprehensive view of the cause of the child's needs.

The Convener: That is interesting.

Dorry McLaughlin: I will largely add to what Rob Holland has been saying. There are inconsistencies across Scotland, as I pointed out earlier. There is something to be said for consistency in diagnosis criteria and assessment. With autistic people's organisations, we produced a report that shows the experiences that autistic people face when they are going through assessment, and it brings that to the fore. I totally agree with Rob Holland that there is a need for a neurodevelopmental pathway that starts almost before any assessment or diagnosis, and which is followed up with proper support, rather than just a piece of paper signposting people to local services.

Maggie Chapman: Hello again, everyone. Thank you for being here and for your initial contributions. I want to pick up on a couple of things that you have said. Rob, you talked about the need for pre-diagnosis and post-diagnosis support. Can you say a bit more about what is working—if and when it works—and about what you mean by adequate and appropriate pre and post-diagnostic support?

Rob Holland: Sure. That is really important, because we want to live in a world where getting support is not dependent on a diagnosis. Getting a diagnosis should not be a gateway to support, but the reality is that it often is, particularly in sectors where resources are under huge pressure. Getting the diagnosis can often be the gateway to support, even though it should not be. I am talking about education in particular.

There is a lot of good pre and post-diagnostic support, particularly in the voluntary sector, which comprises information, advice and guidance. There is also support that helps people to understand more about their autistic identity and the strengths and challenges that they face. That covers social navigation strategies, as we call them, which people can develop based on their strengths, so that they can be more included in whatever they are doing.

The Scottish Government has funded the autistic adult support fund for precisely that reason: to provide pre and post-diagnostic support for adults, in the recognition that a third of the 60,000 people who are waiting for a neurodevelopmental assessment are adults. As there has been a step change in understanding and awareness of autism, with established pathways for children, there are now adults—often parents of autistic children—who recognise the autistic traits and who seek a diagnosis and support in turn.

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.

I declare an interest, as the National Autistic Society Scotland is a recipient of funding from the autistic adult support fund, as are a number of other organisations.

Maggie Chapman: Thanks very much. I will come to Jenny Miller. I am familiar with some of the work that PAMIS does, as it is based in Dundee. Could you say a bit more about why the post-diagnostic support that you provide is so important? How do you deal with the gaps in provision that are so apparent?

Jenny Miller: There are huge gaps because we often work in silos, so the collaborative approach has been really useful. The LDAN bill has brought us all together and we now work closely with Rob Holland and Dorry McLaughlin, given what we all have to offer. Those in the group we work with are unique, because they do not have verbal communication, so the question is how we diagnose and then support individuals. The personal assistants workforce is very important, but it is undervalued, underpaid, undertrained and undersupported. We work with specific organisations that enable that skilled workforce, but much more collaborative working is needed.

It feels like a bit of a battlefield, with the third sector often fighting for packages of care that will really support individuals. One of our real issues at the moment is that we do not have support for younger people as they get older, often living with a single parent. We need to consider what happens then. We are really worried that that is going to be a new area where there will not be support for people.

We need to come together to pool our collective wisdom. The people that we are discussing are often the most complex individuals, and we often really do not understand them. Because of that, they are not being supported in the right way.

I think that I am waffling on—sorry.

Maggie Chapman: No—that is really helpful, thank you. The point on collaboration is well made, and we have heard it repeatedly over the past few weeks. One of the challenges is that, as some of you have indicated, you are forced into positions of competition, almost, because of funding constraints. We recognise that and, as a committee, we will see what we can suggest about it.

Bill, you were nodding as Jenny Miller was talking. Do you want to say a little more about the support that your organisation provides and how it navigates the gaps, the challenges and the barriers that you come across?

Bill Colley: The Scottish ADHD Coalition is not a support group for patients; it is a support group for support groups, and it aims to build a network of local support groups. When NHS Tayside closed its wait list to all but the most complex cases, it said, “You can go out and get support in the community.” That is a naive thing to say if you have not audited what support is available or assessed whether it is effective at reducing symptoms and impairment.

As well as looking at the way in which we collaborate as third sector organisations, a big area for improvement and progress concerns the relationship between the national health service and the patient group, and the relationship between NHS child and adolescent mental health services and third sector organisations. That ought to be an on-going and proactive relationship; it should not involve us reacting and trying to get something done. Local ADHD support groups are often a bit wary of treading into territory that they think belongs to the clinicians, and it would be helpful if, at every local level, there was a sense of a spider’s web of links between the clinicians and the local organisations.

I thought that, in your previous round table this morning, Natasha Spassiani from Toronto hit several nails on the head when she talked about co-production. Obviously, politicians have to develop some sort of top-down approach that involves policy and legislation, but it is probably more important and more effective to develop the ground-up approach and look at the resources that are available and make the most of them. I do not think that that is happening at the moment.

Maggie Chapman: Thank you. Can I bring in Dorry McLaughlin? I am interested in hearing your reflections on this shared theme.

Dorry McLaughlin: We provide advice line services and we have initiatives such as the get set 4 autism project, but the need for supports starts at the beginning of the person’s life journey. In Fife, we have the flourish programme, which supports young neurodivergent people and their families, carers and parents, and they do not have to have a diagnosis. If we start at quite a young age so that the autistic person can potentially understand what they need and find ways to articulate it, that sets them up well for their whole life journey.

11:00

I will now turn to the other extreme; these issues came out in discussion on the LDAN bill. We need to have systemic change in employment, the NHS, education and, as we heard in the previous evidence session, the criminal justice system, 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 in the NHS, education or the criminal justice system.

We did a social return on investment analysis of our flourish programme. Our conservative estimate is that, for every £1 spent, £5 will be saved to the public purse or the economy in the future. Those in the third sector, as much as those in the public sector, have a responsibility to work together to produce such evidence.

Maggie Chapman: Thank you—that is really helpful. We often miss the longer-term return on investment when we look only at the crisis that is in front of our faces.

Dani, you talked earlier about masking being seen as success. Could you tease that out a little bit and explain how it links to the need for diagnosis—if diagnosis is needed for a person to get support—and how it affects the level of support that might be available for the person who masks?

Dani Cosgrove: This is where the point on the gap in provision comes in. 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.

Sorry, I forgot the question. Can you go back to the point?

Maggie Chapman: Do not worry—that was really helpful.

If we are to support children not to mask, what is needed in the classroom and the school environment, so that they do not go home and explode, which leads to that complete mismatch?

Dani Cosgrove: That is individual to the child. It involves talking to the parents and holding regular meetings—child planning meetings, or whatever they are—with the regular team around the child, taking down minutes and regularly working from them. Quite often, we see such support put in place when the child is in crisis, and we also see schools backing away when the crisis is over, which is very difficult for the child.

The approach has to start with the people who live with the child, attend paediatrician appointments with them or go to the dentist with them—the ones who are present in all those different situations. The teachers only see them in one environment, so the process really needs to start with the parents, carers or those living with the children, who usually know them best.

Maggie Chapman: Is there a barrier in place due to the fact that people simply do not believe that a situation exists if there is no piece of paper, diagnosis or coherent evidence because of masking or a different situation? That must have a pretty detrimental impact on the life of a family, never mind the individual child.

Dani Cosgrove: It definitely does. I do not want to take this to the personal level, but I have two children, and one is diagnosed and the other is not, for the reason that we are talking about. 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.

Maggie Chapman: It seems as if none of that is done with the interests of the child in mind.

Given how the conversation has developed, does anybody want to comment on the impact of the challenges around diagnosis, such as the lack of diagnostic pathways in some places, or the very long delays to diagnosis? What is the effect of that, given that we have heard that, although diagnosis should not be necessary to get support, it often is?

Bill Colley: Dani Cosgrove made an important point about talking to parents. The response in schools is often very reactive and defensive, rather than proactive. I worked in a school as an additional support needs manager, and one of the most important things that I used to do with parents was to go to their homes, sit down with a cup of coffee and talk to them.

I am thinking about a particular child who was aged nine and who was about to be excluded from primary school for violent behaviour. I sat down and asked the mother, "When is your son happiest, most soothed and most content?" She said, "When we go to Tesco, he goes to the spice counter and the bakery section, because he likes the smell." We thought about whether we could introduce that into the school by having a bread maker, but we decided that it was impractical. However, the other thing that he really liked was being held tightly—he did not like being cuddled by his mum; he liked being cuddled by his father. We translated that into an approach whereby, when he was being de-escalated, he would go into the support base and roll up in a rug on the floor. That sounds bizarre, but it was a no-cost solution that came from speaking to the parent. That person is now at university. He was not excluded, and he had a very successful primary and secondary education.

It is sometimes about reframing our thinking. Most importantly, it is about giving respect to parents. Parents are a source of invaluable information, and we do not necessarily use that enough.

Jenny Miller: I was nodding vigorously when Dani Cosgrove was speaking because our organisation promotes the idea that families are the absolute experts. We have undergraduate students all the time and we try to get them to understand that, as it is often not recognised.

I have recently had a bit of a rant about the getting it right for everyone approach, because the training for that does not focus on family carers as the real experts. We have just had a battle with the guardianship service and a court case that involved people not believing what the families said, which has been really traumatic for all of the people who were involved. That has been dragged out for well over a year. That was because the families were accused of making things up, but they are the absolute experts—they understand their child. Then people came in who did not understand or did not have the training and who made judgments, which I think is a total breach, really.

Sorry—I am very passionate.

Maggie Chapman: No, please do not apologise.

Rob Holland: I will build on your question about the consequences of not having a diagnosis or not having an early diagnosis. We know that, if you have a diagnosis early in life, you are less likely to need mental health support down the line. That is important to keep in mind. The diagnosis is not just a piece of paper. It is not necessarily the starting point but, nevertheless, it is a point for someone to start developing the important strategies that work for them, and is the point at which they can access support. As we have said, that should not be the case in school, where there is the getting it right for every child model, which is not diagnosis specific. Nevertheless, given the issue with resources, a diagnosis can provide a gateway to support. Resources for education specialisms such as speech and language therapies are often dependent on the number of children who are diagnosed, so diagnosis provides a gateway in that regard. Likewise, it is important in relation to social security.

There are also human benefits, as a diagnosis can be validating and life affirming. People often say to us that, before their diagnosis, they thought that they were broken or that something was wrong with them, and that a diagnosis fundamentally and positively changed their perception of themselves and their identity. That is really important.

There can be a huge impact if a child or young person has to wait two or three years for a diagnosis, which is absolutely conceivable at the moment, during the formative years of their life in education. We know that school transition is a huge challenge for a lot of autistic children and young people, given the changes in routines, structures, relationships, support and so on, so not having a diagnosis and the support that goes along with it can be hugely detrimental.

If someone does not have a diagnosis, there is also the risk that they might pursue or be encouraged to pursue support that might not be right for them. They might find themselves in the mental health system and going down a pathway that is not appropriate, as has happened on a number of occasions. We need to provide the right support and ensure that people do not get the wrong support or end up on the wrong pathway.

Maggie Chapman: That is helpful.

Dorry McLaughlin: Personally, I know a lot of people who know that they are autistic and identify as autistic but choose not to get a diagnosis, and that is great and works well for them. Rob Holland and Bill Colley are absolutely right that a diagnosis is often the start of a journey in allowing people to learn about themselves, their identity and the strategies that work for them, but it is not the be-all and end-all, which is why, under the flourish programme, people just have to identify as neurodivergent and do not need to have a diagnosis. That is really important.

However, for those who think that a diagnosis would be helpful, the practical implication of not being able to get one through the NHS is that people go to the private sector, which might not use consistent criteria and can cost between £4,000 and £5,000. That is not affordable for many people.

Maggie Chapman: We heard that, sometimes, NHS or other public providers will not recognise a private diagnosis, which is a problem.

Pam Gosal: Employment is the best solution to poverty, but only 29 per cent of autistic people are employed. That compares with a figure of more than 80 per cent for the general population. Unfortunately, many employers do not have sufficient understanding of what it means to be neurodivergent, which leads to poor workplace experiences and, sometimes, discrimination against neurodivergent staff. How are you working with employers to combat that stigma?

Dorry McLaughlin: We do that as best we can through our elevate programme and our work with employers across the spectrum, including employers in information technology, shops, retail and hospitality. We try to persuade them not to provide just one hour of training to make people sensitive to the needs of every neurodivergent person but to really get an understanding, because some of the changes that make employment better for neurodivergent people make things better for everybody. For example, having quiet spaces where people can go rather than everybody being in an open-plan office will probably work as much for neurotypical me as it will for somebody who is autistic.

Of course, that approach is not mandatory. When unemployment is low and everybody is trying to get more people into the workplace, the private sector in particular will be more willing to spend money on that because they can see a business outturn, and, if that makes the places where people are working better, then so be it—that is absolutely great.

However, we hear through our advice line that people often struggle at work and have to try hard to navigate not the tasks that they are being asked to do but the social and political aspects of them. That is the area where there is often a lot of learning for employers.

11:15

Pam Gosal: Does anybody else want to come in?

Rob Holland: You framed the question very well, because the results of the research that we have done with employers demonstrate that, when it comes to supporting autistic people, they are worried about getting it wrong. 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.

Just like Scottish Autism, we provide an offering for employers, including training for staff. We also have an autism-friendly award for employers, which is an accreditation process that an employer can go through that looks at their recruitment practices, culture, systems, processes and so on, and they can get an award at the end of that. A number of employers here in Scotland have done that.

Perhaps the Government can play a role in corralling the information about what good practice looks like in one place. Employers say that they do not know where to go to get information about good practice and what they should do. They can obviously get it on our website and the websites of a number of other organisations, but they are nevertheless saying that they do not know where to go for it, so perhaps the Government could have a role in bringing that together in one place where employers can access it easily. That might involve going to the forums that are inhabited by employers in the third sector and elsewhere and talking to the sector bodies and employers' umbrella organisations.

Dani Cosgrove: We work with children and families, so we do not deal with adults in employment, but we completely agree with everything that Rob Holland said.

Bill Colley: The figure for the number of adults with ADHD in Scotland who have not been diagnosed is between 94 per cent and 96 per cent. By the time those people are in the workplace, they are unlikely to have been diagnosed and, if we are called in for anything, we are firefighting, and it is often too late.

As Dorry McLaughlin said, often, neurodivergent people struggle not so much with the work itself, although they can have problems with schedules, meeting deadlines and so on, but with the social environment and how to deal with management. Things can escalate quickly because people with ADHD often have low self esteem, so they react quickly if their work is criticised. That is largely because people who have ADHD are their own worst critics. They realise that they are underperforming and that that made things difficult for them when they were in the education system and it still does so later in life when they are in employment.

Paul McLennan: We will all be aware of the paper from the Royal College of Psychiatrists that contains the 10-point plan. One of the key things that it talks about is the national guidance on reasonable adjustments. I was a councillor for 15 years, but I also have experience of dealing with parents in East Lothian at the moment, and I see that there are different aspects of it. The way in which the guidance is interpreted in schools is different from teacher to teacher.

I have been working with the Royal College of Speech and Language Therapists, which provided external support with neurodiversity for parents in East Lothian. The council then said, “We don't need external support,” and removed that support, which has caused significant issues for parents.

It is a multifaceted issue. What are your views on the RCP's paper and, in particular, what it says about reasonable adjustments? What more can be done about the way in which local authorities are operating, whereby there is not even a uniform policy within schools, never mind across the local authority area?

Every week, I engage with parents on this issue. As I have discussed the issue with Dani Cosgrove, I will come to her first.

Dani Cosgrove: Are you talking about the issue of reasonable adjustments?

Paul McLennan: Yes. Even within schools, different approaches are taken. One teacher will have a better understanding than others of what adjustments might be required, so the approach varies from class to class. There is no uniform school policy, never mind a local authority policy, on the issue.

Dani Cosgrove: Yes, that is exactly right. We often talk about the postcode lottery. I completely agree that there is a postcode lottery, but there is more to it than that. There is the person lottery, if you like, with regard to whether the teacher is willing to put in reasonable adjustments. 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.

The framework, the guidance and the legislation are there, but there is no accountability. Most of the time, parents do not even know that those things exist. Some of them do, but they do not know how to evidence and prove what is required, or how to fight the teachers, the school or the local authority on the issue, because, most of the time, they do not have the energy. I know of situations in which parents have fought for a year or two to get an important adjustment put in place in school, and the teacher has finally understood the need for it and put it in place, only for that teacher to be changed six weeks later.

That happened with one of our volunteers, whose little girl is at primary school. She had an amazing primary 1—everything was in place, and it was going great—but, the following year, the teacher changed, the headteacher changed, the classroom was rearranged and the sensory space was taken away. Now, she refuses to go to school and she feels sick, but the school blames what is going on at home. The school will not accept the child's need, and there is no accountability for it.

Paul McLennan: I can see that Bill Colley is ready to come in.

Bill Colley: I found your question very interesting. It throws up the paradox that reasonable adjustments are necessary, but we need to recognise the heterogeneity of our populations, whether we are talking about an autistic population, an ADHD population or a neurodivergent population. Bizarre situations arise in schools in which a support worker will say, for example, that they looked up all the adjustments to do with autism and they gave the child a book on dinosaurs, but it did not help at all. That is the level of simplicity of thinking that exists.

We had an autism outreach worker. As a manager, I found that what worked was for her to go into a primary school, look at the experience of the child in that school through an autism lens and then make the adjustments. Rather than it being an off-the-peg, top-down solution, it was a bottom-up approach.

It would be helpful to have some guidance on reasonable adjustments, even if that only released teachers from the belief that, in order for a child to get an inclusive education, they must go to assembly. It is sometimes necessary to give people permission to think differently.

Jenny Miller: There is a need for collaboration as well, is there not? It is becoming increasingly difficult for teachers to do the million and one jobs that they are asked to do, alongside practising education. We need a collaborative approach to be taken across sectors. Health practitioners should be involved.

I was an occupational therapist. Many years ago, we used to work collaboratively with teachers in schools. We would have discussions in the staff room about how best to tackle an issue, bearing in mind that every child is an individual. Now, however, the allied health professionals are underneath the bridge, rather than walking side by side with teachers. We need to think about how we can support one another.

Paul McLennan: That is an important point. I engage with parents and I know that, if the kid leaves school or does not go to school—that is perhaps the case more in secondary—it is then very difficult, if the reasonable adjustments are not made, for the kid to go back into school. Quite often, rather than going to school, they will either be home educated or simply not have schooling at all, which can become a real issue.

We also had a discussion on that, Dorry. I do not know what you find in your area.

Dorry McLaughlin: You have hit the nail on the head. When school does not work, whether in relation to reasonable adjustments or whatever else, young people are excluded, or informally excluded, and therefore not recorded. The knock-on impact is often that a parent cannot work, so there is also financial difficulty and a risk of child poverty. I cannot remember who referred to teacher education—it might have been Jenny Miller—but getting it wrong is costly in financial as well as human terms.

We are doing some work with the council in Clacks—which we can certainly bring to the MSPs here and the third sector folk—which takes the form of an autism practice improvement programme, which is about going into mainstream schools and unpicking what good autism practice looks like. It does not have to cost a lot, and it covers things such as reasonable adjustments as well as working with young people and their families who are in the situation of having been excluded, so that the child is not simply sitting at home and being home educated or, more likely, not being educated at all.

Although we are in only the early stages of that work, a lot of it has shown that, once the young person understands their own identity, and the parents understand their own identity, things start to get better. However, we also need to get that into schools, so that it is an iterative process. We hope to do an evaluation of that work in order to get a bit of proof of concept that it works: that it does not cost that much, but that the human impact is immense.

Paul McLennan: That is an important point. Although it is about the child, the whole family is impacted. That comes back to Jenny Miller's point about being as collaborative and as inclusive as possible right at the start; and, as Bill Colley said, it is also about co-production right at the start.

Rob, what is your experience? For me, this is a fundamental approach that we need to consider.

Rob Holland: There is a tendency for employers, and even for those in the education sector, to want or hope or wish for a list of reasonable adjustments that they can handily pick from. However, it simply does not work like that. Bill Colley gave a very good example of a reasonable adjustment, which I would not have thought of, but which came from a conversation with the parent—and presumably also the child and those in education—and which led to the very personalised adaption that was made for that child.

One of the dynamics is that, here in Scotland, we have an inclusive education; that is, education that is mainstream by default, which is a very laudable ambition and position. However, in order to create that inclusive education system, you need specialism within education and, over the past 15 years, we have seen a 20 per cent decrease in the number of specialist teachers and specialist teaching assistants. When it comes to making reasonable adjustments, therefore, specialism is going out of the system, and there is a reliance on teachers who are not specialists and who do not always have the training or awareness, to make those reasonable adjustments. In order to move to a true, inclusive education system, which makes reasonable adjustments proactively, we need to ensure that the specialism is there within the system.

The Convener: We now have questions from Marie McNair.

Marie McNair: Thanks for everything that yous do and for being the voice for those who are neurodivergent.

In our lived experience session, the committee heard about the importance of having autistic-led training so that people working across different sectors can react to the needs of neurodivergent people. Dorry McLaughlin, you spoke briefly about the need for there to be much more than one hour of training. What are your thoughts on what is required and how it should be delivered?

11:30

Dorry McLaughlin: As I have already said, I certainly do not subscribe to the idea of a one-hour online session. There needs to be reflective learning. A lot of our learning is about giving information about what autism is—a neurodevelopmental condition—and all the practical things that go with that. It goes into what sensory needs can be, although not across the piece, because needs are very individual. It is about getting underneath what people can change in their behaviour and providing an understanding.

May Dunsmuir, from the children's tribunal, articulated it really well this morning. We tend to home in on correcting the behaviour, rather than understanding that dysregulation and distress can cause that behaviour. If we address the dysregulation, the behaviour does not manifest itself.

As I said, we are not going to get to that position in a one-hour session—it has to be a course. When it comes to education, the subject is a very cursory part of teacher training. I would say that it needs to go further. Headteachers need to lead the whole school on this, because it is not just about the qualifications that people achieve. I know that initiatives were planned for deputy headteachers to have neurodivergence training in an experiential way, by coming into specialist schools for a period and then taking that learning back out. I am probably not articulating this very well.

Marie McNair: No, you are, and it has been really helpful.

Dorry McLaughlin: The training needs to be something that people must do, rather than something that they choose to do, or a bit of a bolt-on.

Marie McNair: It needs to be person centred as well.

Dorry McLaughlin: Absolutely, and co-production is the way to do that. We heard in the earlier session—and in this one—that people's lived experience is really powerful. They know what works for them.

Marie McNair: Does anybody else have any views on how training should be delivered? Should it be delivered by those who have lived experience? I think that it definitely should be.

Jenny Miller: Absolutely, and Dorry McLaughlin hit the nail on the head. I have a bit of a thing about training and learning, because they are different. Learning is so important, but it is about what people do with that learning and how they are supported to put it into practice. Too often, we have an hour of training and we tick a box that says, "I have done my autism awareness training". Nobody ever goes back to offer support and supervision to find out how we have put that into practice or what the barriers are. We need to do the whole journey and look at the hierarchy of how we know that we have made a difference, which is about what we do in practice.

We have lots of students on placement. We make sure that the families and the person with the profound learning disability are the experts, because "profound" means, deep, wise and expert, and they really do teach the students. We have had social work students, primary school teaching students and allied health professionals all together. It has been the most fabulous way to get people to really think about the difference it makes when they notice each of their professional roles but always revert to the family carers to take advice. We once had a physio student who asked me some fairly challenging questions. He had done some medical research on quality of life and when to give up. By the end of his placement, he said that if he had just looked at the scientific evidence base and not at qualitative data, he would have been making the wrong clinical decision. He said that because he had worked with people with lived experience and their families. How we put learning into practice is absolutely essential.

I am passionate about what I have learned from my younger kids. I think that children often have the answers, and we should perhaps be doing more in school. Noting the environments that the kids came up with, as shared in the paper that was referred to earlier, perhaps we should be asking children in schools about how we change our culture and attitudes. Otherwise, we will always be playing catch-up in trying to educate the next generation when they are already in the workplace. Let us start a lot earlier.

Marie McNair: You must be in my headspace because that is exactly what I was going to say to you—awareness is so important in breaking the stigma. I recently watched "Dinosaur", the Ashley Storrie drama, which I think has run over two series. It was informative and very helpful, and we need more of that.

Dani Cosgrove: I want to talk specifically about education. I completely agree with everything that Jenny Miller has just said, so I do not have much more to say.

We at STAND have given training to teachers. We do speech therapy workshops and so on. 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.

We have also been invited to speak to and train health visitors and to provide training at leisure centres. It is not just teachers. People want to know. The issue, however, is that it takes only a very small number of people not to want to know to have a huge impact on a child's life.

My oldest son attends specialist provision. I will try to be quick here.

Marie McNair: No—take your time.

Dani Cosgrove: His teacher is incredible, but she trained in Poland. In Poland, teachers have to do a whole separate degree or postgraduate qualification to work with children with special or complex needs. The difference that I see is tangible.

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.

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.

I love doing our training at STAND for teachers and parents—it is great. However, I sometimes think that grass-roots organisations should not be filling the gap. Such training should be provided. Even in criminal justice, where we do not really work, we have given Police Scotland in our local authority area communication aids and lanyards. We are giving the police training, and they have said, "This is great." It is even useful for kids who speak a different language, as they can use visuals.

I could talk all day about this, but I will stop there. You know what I am getting at.

Marie McNair: If you have anything else that you want to update the committee on, feel free to send us a written submission. That would be really helpful in addition to the evidence session.

Bill Colley: I would like to build on something that Dorry McLaughlin said. What often makes the biggest difference is the management of the school and whether it is truly inclusive. That is about culture as much as anything else.

When I was head of a specialist school, if a child had a meltdown in school, it was our fault. I do not necessarily mean that we caused it, but we did not take the steps to prevent it happening. I did not get pressure from staff to say that we had to exclude or punish the child. There was an acceptance that, if a child had a meltdown in the classroom, something had gone wrong—or had not gone right—during the school day. That is really important to recognise, and it links in with other policy areas, including school exclusions and attendance. In my experience from working with different local authorities and different schools, everything to do with the culture depends on the management of the school.

Pam Gosal: There is often a postcode lottery when it comes to providing support for neurodivergent people in education, employment and the criminal justice system, which we heard about from witnesses earlier. There is a big divide between urban and rural areas, but where else do you see regional differences in support for neurodivergent people, and what do you think creates those differences?

Rob Holland: One of the reasons we are very supportive of the proposed learning disabilities, autism and neurodivergence bill is that there are several things in it that would address the inconsistency in support—not least, the proposal to put national and local strategies on a statutory footing, which would compel national and local government to plan support effectively, for education, care or other things.

For us, that is one of the ways to make a difference on the issue. There is a lot of inconsistency in diagnosis across the country. In some parts of the country, you might wait a matter of months, but in others, it might be a matter of years. There are challenges around support, as you say, particularly in rural locations, where people might be particularly isolated.

There are all those inconsistencies, but for us, the proposed bill would take a whole system-wide approach. The proposals try to move us away from siloed ways of working and towards bringing things together so that we can plan effectively across all the different agencies. There are also very strong proposals on the identification of need at key points in the criminal justice system such as arrest, sentencing, entry to prison and so on.

There is a range of things in the proposed bill that would be helpful. Although it would not eradicate inconsistency and create a perfect utopia immediately, I think that it would lay the foundations to get us to a much better place.

Dorry McLaughlin: I totally agree with that, and we whole-heartedly support the proposed LDAN bill. It is not really about geography, but I heard in the earlier evidence session about the great work that is being done in the Prison Service. One of the things that was strange for us was that when we worked with HMP Barlinnie to support fathers of neurodivergent children we learned that some of those fathers themselves identified as neurodivergent.

You can have something good happening in one prison, with everybody saying that it is great, but every prison is a small, autonomous entity. Whether you will be able to deliver something somewhere else depends on whether the governor supports it, and that is not down to geography, because it could be in similar cities or similar locations. That is a real barrier. There will be other institutions like HMP Barlinnie.

Bill Colley: If you look at the prevalence rates of ADHD across Scotland and prescribing, you will find that certain areas of Scotland are underperforming. They are all underperforming, but some are much better than others. When you try and explain that, you often find that it was because of a single clinician who led a team in one area but then moved on. We talk about a postcode lottery, but it is not a static postcode lottery—it goes up and down according to where individual people are.

So much depends on leadership, on someone taking the lead, leading a team, developing team skills and therefore being able to provide a service. If that person retires or moves abroad, as has happened in Fife and in Tayside, you lose that leadership and things go down very quickly.

Jenny Miller: It is about the sharing of knowledge. The proposed LDAN bill brought us all together with our collective knowledge to think about what works.

It sometimes feels as if there is an arrogance there. The thinking is that, just because something is being done in one area, that does not mean that you will do it in another. That echoes what Dorry McLaughlin said about prisons, but it also applies to schools. We do not have 32 different versions; we have umpteen hundreds of schools in each area.

11:45

It is about building on what works. There are groups within groups, and our community is often excluded or does not fit in anywhere. It is really gratifying that the committee invited people with profound learning disabilities to be part of the discussion, as quite often they are not. Our community is a group within the group of people with learning disabilities and within neurodivergence. The LDAN bill would have given the ability to include everybody—it placed an emphasis on every individual. Every individual is very different, and we learn from each other.

Pam Gosal: Rob Holland, you mentioned criminal justice. I do not know whether you were listening earlier when I asked about the importance of data collection, whether in education, employment or criminal justice. My question was about the domestic abuse data that Police Scotland collects. A few areas are missing, but the one that I spoke about was disability data. After speaking to many organisations and victims, my belief is that, if you are not collecting the right data, you cannot provide the support to people who have a disability or a support need. We should not have another postcode lottery where people fall between the gaps, things are passed on and nobody knows that a person needs support. How important is data collection from the beginning?

Rob Holland: It is really important. With criminal justice, for example, there is real inconsistency in data about the population. We know that, in the prison population, and more broadly in the criminal justice system, a significant minority of people are neurodivergent, if not the majority. That is how wide the inconsistency is on data. There are proposals in the proposed LDAN bill on data collection. That is important for identifying need. It is not about diagnosing people in the criminal justice system; it is about identifying need.

I think that where you were going with your question was about the data being more widely available for the public and policy makers. To go back to diagnosis, south of the border, data on those waiting for a diagnosis is collected, disaggregated and published quarterly. That shows the gender, age and location of the population and gives a clear idea of the scale. That data is not routinely published in Scotland, which poses a challenge. The Scottish Government has committed additional funding for diagnosis, but how will we know whether the various innovations and so on are working if the data is not publicly available?

Data is very important. There is a lot about data in the proposed LDAN bill, but it does not quite go far enough. There is a lot about criminal justice but, as I said, there is a need for data on diagnosis, and there is also a need in education. We have data on prevalence in education, but we do not publish data on exclusions or on informal exclusions, which is something that we feel strongly about. We often find that autistic children and young people are not formally excluded from school but are on part-time timetables or are sitting out particular classes that do not work for them or are not perceived as working for them. We want to see more data in that area as well.

Jenny Miller: How can you plan services if you do not have data? It is a bit of a conspiracy theory: if we do not say how many people we have, we cannot prove that we need all these speech and language therapists. We are part of the Scottish Covid inquiry, and the big ask there is about where the data was for our group, because they were not given shielding letters or the right support. Data is absolutely essential, but we need to understand the groups within the groups, so that we can plan for the future. We cannot do workforce development without absolutely accurate data.

Pam Gosal: I have one more follow-on question. Earlier, we spoke about a postcode lottery and the regional differences between rural and urban areas. I want to touch on diverse communities. Much earlier in our evidence sessions, we had a lady in who spoke about being from a black, Asian and minority ethnic background. Coming from a BAME background myself, I obviously know people who have autism. Sometimes, it is very hard for families—I am sure that this happens in many families and not just those from a BAME background—to accept that there is an issue or a need for support or help. Do you have any data or information about how you would work around that? It could end up being a postcode lottery, because how people from some BAME backgrounds might be spoken to or asked certain questions is culturally sensitive. How do you work around that? Is there a postcode lottery and are there differences?

Rob Holland: It is absolutely the case that autistic people from black and minority ethnic backgrounds are not accessing services to the same degree as other cohorts in the population. The National Autistic Society published a report on that a few years ago; I will share it with the committee for information.

Interestingly, through the autistic adult support fund, which is run by Inspiring Scotland, there is work going on at the moment on how we might make pre-diagnostic and post-diagnostic support more inclusive in terms of ethnicity. Looking at the data, there is recognition that we are not adequately serving the BME population; as I said, that is absolutely the case. It comes back to the data point: when it comes to a lot of these matters, the data on ethnicity really is not out there. We suspect that, beyond the issue of people from particular backgrounds not engaging with services, there are other cultural factors that we must take into consideration, including that the awareness and understanding levels in different communities are quite variable. We need to understand that more, as well as whether barriers exist.

Pam Gosal: It is interesting that you say that, because ethnicity and disability are the two things that I brought up around data collection in my bill on domestic abuse. It is so important that we know first hand what is happening; you can then have the services. Jenny Miller is right: how can you have services in place if you do not know what the data is? Thank you—this has been really helpful.

The Convener: On that point, the committee has heard that neurodivergent people are among the most discriminated against groups of people in Scotland, and that is compounded by the intersectional qualities of an individual, whether they are a woman or from a BAME background or whatever. What are the witnesses' views on that statement?

Bill Colley: On whether there is intentional or unintentional discrimination?

The Convener: Yes.

Bill Colley: In certain geographical locations, I have often been told that a young lad has the difficulties that he has because he comes from the scheme, as if coming from a particular type of housing causes autism or ADHD. It is true that you tend to get an overrepresentation of neurodivergent populations in areas of high social housing, for example, but there is confusion about causation.

There are still prejudices in the diagnostic overshadowing that we talked about earlier, and, at a low level, there can be teachers with quite a middle-class, middle-income approach who think that certain parental lifestyles or certain family backgrounds are suboptimal in some way. I see that as being an issue, for example when social work assesses the capacity of a parent to parent a child. A lot of prejudices can come into that process.

It is not just about BAME and I do not think that it is about English as a second language. It goes deeper into society. We might think that we have, to a large extent, reduced the class system from what it used to be maybe 30 or 40 years ago, but those prejudices are still there, and I fully support that sentiment.

The Convener: Thank you.

Dani, you raised barriers to diagnosis in your answer to the first question. Is that one of those issues where there might be a prejudice or a misunderstanding, particularly for girls?

Dani Cosgrove: Yes—I will try not to speak all day. Obviously, I am a female who is diagnosed with ADHD, and I was overlooked. Girls and woman also mask. As Bill Colley said, we sometimes see boys who fit the stereotype for that, but a diagnosis of other things could be missed, because they are automatically assumed to be ADHD. They might need a multidisciplinary assessment, and there might be other things going on.

We have written about ethnic minorities. The current system is built around a narrow, stereotyped understanding of neurodivergent conditions and what they look like. Anyone who does not fit that template has to work harder to be recognised, believed and supported.

The assumptions are not just social. They become embedded in institutional language, professional expectations, inspection culture, and so on. Frameworks emphasise compliance such as eye contact, for example; we saw in an inspection report from Education Scotland just last year that children were praised for good eye contact, which goes against NAIT guidance. We have a lot of quotes that I am happy to send out.

It is difficult for teachers to make reasonable adjustments or do anything else that we have spoken about and to see these things if they are being graded on things that are seen as compliance or masking. If we are serious about equality, reform, pathways, strategies and waiting lists cannot stop it. We need to examine the attitudes that are reflected in policy, training and inspection. Those attitudes shape whose distress is understood and who is framed as defiant. Until it changes, outcomes will continue to be determined by perception long before assessment, diagnosis or even support is given. Right now, it is about masking rather than the whole story.

The Convener: I do not want to put words into anybody's mouth, so I am being careful about how I word the questions. In some of the evidence that we have heard, there is often a misunderstanding of how neurodivergence presents. If it does not conform to the way in which the school day should be run, that might be picked up, but it is not until there is a disruptor in that day that it is pulled out. If a child is struggling without a disruptor, that is not picked up so much.

Dani Cosgrove: Exactly.

The Convener: Dorry, you indicated that you want to say something.

Dorry McLaughlin: I agree completely with what Dani said. I will share some of our advice line and community service statistics with the committee. If we have that data on BAME, we can also share that, because every call will be about some form of discrimination against an autistic person. I will send that on to the committee.

The Convener: That would be helpful.

Rob Holland: I agree completely with the statement that this group faces significant discrimination in our time. In some cases, the results of people not getting support can be catastrophic. Not getting that support can lead to a mental health crisis and people can find themselves in the criminal justice system or being detained under mental health legislation, then in a mental health institution, which is a very challenging environment for an autistic person to be in, and there is a risk of them living in that institution for many years. The sum total can be catastrophic for individuals and their families.

12:00

In response to the attitudinal points, we are now at a pivotal point in the national debate and discussion about autism and neurodivergence. A range of very unhelpful narratives out there—from politicians in this country and in other countries, such as America—are taking us away from where we reached, which was a point of heightened awareness about autism, towards a place of misunderstanding, myths, assumptions and mistruths.

One dangerous narrative is that lots of people are being overdiagnosed, that this is all a bit of nonsense and that we need to stop this—that is hugely damaging. As third sector organisations, it is incumbent on us, politicians of all parties and the Government to keep the debate very much focused on evidence and truth. That is important, because autistic people and their families continually talk to us about their worries, concerns and anxieties about the different narratives out there.

The Convener: Thank you for that, Rob. We have looked at the issue through quite a negative lens, because a lot is wrong for neurodivergent people at the moment. However, when we get this right—when a school or health authority gets it right—and a young person in adulthood has the right support mechanisms in place or enjoys a neurodivergent-friendly upbringing and experience, what difference does that make, not only for the individual but for society as a whole? What is the selling point of getting this right for neurodivergent people?

Bill Colley: I hesitate to generalise, but for people with ADHD, certain qualities often stand out: thinking outside the box, entrepreneurial skills and the ability to overcome personal barriers. I know many people with ADHD who are very successful. In fact, one of the debates that we ought to have is about whether, instead of focusing on the perhaps 80 per cent of people with such conditions who have poor life outcomes, we should look at the 20 per cent who do well and ask why people who face such adversity in utero go on to lead remarkably successful lives.

We should look at all the different components, such as a person's education, family background, presence of trusted adults, available opportunities and personal choices. However, I am very positive. Neurodivergence is currently defined as a huge area of complex need that politicians and decision makers struggle with, but through my life and work in this area, I see so many success stories. I wish that I could synthesise all those success stories and come up with a blueprint and say, "If you did this for every child, they also would have good outcomes."

Dorry McLaughlin: I agree with you. I will give one example of an autistic colleague—I do not think that she will mind me doing so—who had a very poor experience at school and university. She went on to another university and had a very good and rewarding experience. She now works with us on voice and participation, which involves ensuring that we hear the voices of all the people we support. I hope that she is happy—she would be better able to tell you that herself—but from our perspective, she is an inspiring, motivating, can-do person and probably one of the best colleagues I work with. That really says it all: if you get it right at the start, you can get it right later on, and that person can really reward society.

Jenny Miller: We often say that, if you get it right for the most complex people, you get it right for everybody. When it comes to profound learning disabilities, we look at the word "profound" positively, because it means deep, wise and expert. The families we work with come up with the most inspiring and creative solutions to some of the trickiest issues that we face. When you get it right, you build a community that listens with all its senses and is able to include everybody.

Rob Holland: I will add to that. Sometimes we can think about all the negatives and how to fix them, rather than flipping it. Less than a third of autistic people are in employment, and that is a huge, untapped resource of innovators and problem solvers. If you are autistic, the reality is often that you have to innovate and think outside the box and that you have overcome challenges and barriers in your life; there is a certain resilience and innovation that comes with that. There is an untapped wealth of resource there.

About a third of my staff team in Scotland are autistic and, as you would expect us to, we think a lot about our processes and procedures and our physical and sensory environment. The sum total of all of those things makes for a very good place to work, for both autistic people and non-autistic people. As Jenny Miller said, if you get it right for those with the most complex needs, you get it right for everybody.

The Convener: Dani, do you want to come in?

Dani Cosgrove: I agree with everything that Rob Holland said. We have not been around as long, but the best example of getting it right that we have seen also relates to the environment. We have seen kids walk in the door to our events on day 1 and be terrified and not want to come into the hallway. Within a few weeks, however, they are running around and having the time of their life, and it is because they have an environment where they are not judged and where their parents are relaxed, because the fire exits are manned, for example, so their kids are not going to escape. After a few weeks, you really see their personality and that they have the right to thrive that we all want them to have.

The Convener: Absolutely. That is a great note to end on.

Thank you all for joining us this morning. That concludes our formal business in public. We will now move into private session to discuss the remaining item on our agenda.

12:07

Meeting continued in private until 12:47

Official Report
Room T2.20
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Edinburgh
EH99 1SP

Email: official.report@parliament.scot
Telephone: 0131 348 5447

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Telephone: 0131 348 5000
Textphone: 0800 092 7100
Email: sp.info@parliament.scot

The Scottish Parliament
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