

Scottish Women's Convention
response to the Scottish
Government's consultation on:

Learning Disabilities, Autism and Neurodivergence Bill



April 2024

Premise

People with learning disabilities and neurodivergent people face varying levels of stigma and disadvantage, preventing them from accessing vital services across Scotland. In an effort to tackle these challenges, the Scottish Government hope to implement the 'Learning Disabilities, Autism and Neurodivergence Bill', with this being developed alongside a lived experience advisory panel.

Through this consultation, they hope to understand the varied experiences for learning disabled and neurodivergent people, while also assessing the validity of the proposals made. After the Scottish Government has received consultation responses, they shall consider alterations that are required and rectify their plan accordingly – incorporating suggestions made.



The Scottish Women's Convention (SWC)

The SWC is funded to engage with women across Scotland to ensure that their views are represented in policy and decision-making processes. The SWC uses the views of women to respond to a variety of parliamentary, governmental, and organisational consultation papers at Scottish, UK and international levels.

The SWC gathers information using different methods, including roadshows, thematic conferences, surveys, and both in-person and online roundtable events. This submission presents the views of a range of women, reflecting their opinions, ideas and lived experience. Working together with many other equalities organisations and community groups, we use our broad network to ensure that women from a range of backgrounds are heard and acknowledged. We are continually reviewing innovative ways of engaging with women and developing our trauma-informed and culturally sensitive practice to support vital contributions from as many women as possible.

Reach and Definitions: Who Should the Bill Include?

Which of these proposals do you agree (if any), please tell us why?

Proposal 2: 'People who are Neurodivergent'/'Neurodivergent People'

Of the proposals provided, Proposal 2 contains a broad and flexible definition of who should be included in the Learning, Disabilities Autism and Neurodivergence (LDAN) Bill. Through the usage of the phrases neurodivergent and neurodivergence, a wide range of people will be effectively covered by the LDAN Bill, acknowledging individuality. This proposal also considers how the Scottish Government can provide further definitions for the phrases neurodivergence and neurodivergent, to ensure that the term is not 'too wide', therefore, maintaining a level of protection for the neurodivergent community.

Which of these proposals do you not agree with (if any), please tell us why?

Proposal 3: Including Specific Conditions Only in the Bill

Proposal 3 would not be preferred. This approach would likely result in certain groups being excluded despite holding neurodivergent characteristics. We do appreciate the inclusion of powers to allow for additional conditions to be added, however, this process may be time-consuming and result in accessibility issues for neurodivergent women across Scotland.

Statutory Strategies for Neurodivergence and Learning Disabilities

Which of these proposals do you agree with (if any), please tell us why?

Firstly, Proposal 1 – the creation of a national strategy on learning disabilities and neurodivergence – should allow for the embedding of neurodivergent-focused approaches across Scotland. This strategy should be developed alongside those with lived experience, as well as professionals, similarly to the LDAN consultation document, which employed participatory processes. We also propose that this national strategy incorporates the views of local authorities, linking with Proposal 2 – introduce a requirement for local strategies to be produced by some public bodies – to understand the validity of requirements of such a strategy. Work done with local governments must be carried out across rural and urban areas to understand the varying levels of service across Scotland. Throughout our conversations with women in rural communities they have highlighted that the increased centralisation of services has negatively impacted service-delivery. Women have also explained that national strategies which may work in densely populated regions, do not effectively consider the unique challenges facing rural areas. Therefore, it is vital that national strategies provide a basis for local strategies to be developed, fostering good relations between national and local authorities.

- "To me, it's almost getting back the services we used to have. The centralisation has killed it."
- "I think I'm quite pissed off with the Scottish Government at the moment. I don't think they ever cared about the rural areas; they've centralised everything. They just give stuff out [policies and procedures] and force us to work with it, even if it doesn't work here."

- “...the bulk of laws and regulations are designed for urban situations without thought for how they can be implemented in smaller rural populations [that] has always been an issue”

To enable both Proposal 1 and Proposal 2, Proposal 3 – introduce guidance that could cover a range of topics to be included in national and local strategies – must be included. This guidance will enable the culture change hoped for as a result of the LDAN, through the provision of well-rounded policy guidance for both national and local authorities. As stated, a base level must be given to ensure all neurodivergent women in Scotland receive a good level of standardised care, however flexibility should be built in, to consider the differences across the country.

In addition, we agree with the inclusion of Proposal 5 – ensure that people with lived experience have to be involved in the development of the strategies. As an organisation which deals exclusively with qualitative data, we believe that lived experience provides the key to understanding major societal issues. When effectively incorporated, this method can contribute to the prevention of failing policy, allowing the lived aspect of theoretical concepts to be considered. Women consulted also believe that those with first-hand experience should be included in policy creation and development, proposing that these groups hold unique expertise across a range of subject areas.

- “Stop sending people out to consult, get out there and speak to the people directly...come and listen.”
- “We have policy decisions made by those who do not have the actual lived understanding”

Finally, Proposal 4 – ensure that there is a requirement to review strategies – and Proposal 6 – consider whether any new accountability mechanism introduced by the Bill should have a duty to review national and local strategies – should both be considered as imperative to the development of the LDAN. Women have regularly stated that despite good policy intentions, often governments fail to produce tangible results which actively benefit the community. Therefore, regular monitoring processes must be established, to understand the impact of any strategies produced.

- “...as a community we're trying to be heard and get your point across, all we're trying to do is save them money. But they're not listening”
- “...I mean, policies and processes are fantastic, but on the ground, as we live our daily lives, it doesn't play that way, you know?”
- “Well, that's always the problem; they can say a lot but if we don't actually do it, then what's the point?”

Mandatory Training in the Public Sector?

Do you agree with this proposal? If so, please tell us why?

We strongly support the inclusion of mandatory training across the public sector in relation to learning disabilities and neurodivergence. When consulting with women on a range of issues, they have made it clear that education plays a key role in tackling discrimination across service-provision, in particular medical treatment. This links closely with the lived examples given within Section 2, with misdiagnosis being a key element of learning disabled and neurodivergent women's medical journey. We have heard from women with learning disabilities and/or are neurodivergent, that they have struggled to gain a formal diagnosis, with this being particularly

prevalent for autistic women. They have accounted this to either being dismissed by medical professionals, or behaviours being missed while in school, with young women learning to 'mask' their autism from an early age. Women with autism have highlighted the significant emotional toll this has played in their lives, contributing to poor mental health and a sense of isolation. It can also be said that the diagnostic tool used to assess certain neurodivergent behaviour, such as autism was developed with a focus on boys and men, missing the different ways in which women present with autism.

- "...there's so much pain and suffering across so many generations right now...we're getting these autism and ADHD diagnoses so late in life that they've caused so much trauma, that we've all been masking and unknowingly dealing with all this time."
- "My eldest daughter just left school in August, a late diagnosis of autism, the teachers totally missed that...she was failed"

Misdiagnosis also tends to play a role in the general populace of women in Scotland, with their pain being discounted due to engrained stereotypes, resulting in poor quality medical care. When one therefore considers the multiple levels of disadvantage that a disabled woman will likely experience, it is key that comprehensive training is widely enforced across these institutions. Training should be developed alongside those with learning disabilities and/or neurodivergence, to ensure that it effectively considers a multitude of experiences.

- "I was just going to say education as well, we still see so much gaslighting amongst young girls. So many young girls that go through things are not feeling believed when they're suffering."
- "I was offered a psychology referral before I was offered a gynaecology referral, and I had stage two, organ-related endometriosis. So, I was told...there was something mentally wrong rather than physically wrong."

Inclusive Communications

Which of those proposals do you agree with (if any), please tell us why?

Of the proposals provided, each work to build the implementation of improved access for neurodiverse people across healthcare settings. Proposal 1 – alternative means of communication and Proposal 2 – easy-read – provide simple, cost-effective opportunities to creating a more accessible communication style. During development it is key that those belonging to the neurodiverse community are involved, providing unique and invaluable insight. With regards to Proposal 3 – neurodivergent and learning disabilities strategies – and Proposal 4 – an enforceable Accessible Information Standard for Scotland – allow for the embedding of neurodivergent and learning disability-inclusive values, providing long-term goals. Through the combination of the four proposals given, the neurodivergent and learning disabled community are more effectively catered to within health services in Scotland.

Data

Which of those proposals do you agree with (if any), please tell us why?

Proposal 1: Neurodivergent and Learning Disabilities Strategies

The development of a commission(er) with responsibility for data collection, as set out in Proposal 1, would be valuable in providing accountability to health and social care providers. A

commission(er) should hold public bodies and other statutory services to account, to ensure that the needs of the community are considered, as well as the upholding of individual's rights. Furthermore, this remit should include the gathering and assessment of data on neurodivergent people and people with learning disabilities, providing a better understanding of gaps in care. Improving the quality of data on minority groups is vital in rectifying continued ignorance of public bodies surrounding the challenges often faced. We would ask however, that data gathered should be disaggregated to effectively consider the intersectional elements facing women in Scotland, with this being particularly valuable for women who are neurodiverse and/or have learning disabilities. Additionally, it is important that the data collected is multi-method, considering qualitative strategies as well as quantitative, gathering the lived impact of policy on individuals.

Proposal 3: Inclusive Communications and Accessibility

Alongside the development of a commission(er), placing clear duties on relevant public bodies to provide returns to the Scottish Government regarding local data on people with learning disabilities and neurodivergent people, would assist in the creation of inclusive public services. Through the handover of data to the Scottish Government, the information provided may assist in creating improved national services, while also assisting in evaluating outcomes. This national element is the key difference between Proposal 3 and Proposal 2, with Proposal 2 lacking the full scope required for learning disabled and neurodivergent women in Scotland.

Proposal 4: Patient Passports

Proposal 4 – development of a Scottish version the LeDeR programme – appears to provide good opportunity for the continued understanding of experiences of learning disabled and neurodivergent individuals. Women we have spoken with have highlighted a lack of cross-sector and cross-country support across a range of topics, including healthcare, education, housing and transport. They have explained that often local authorities do not learn effectively from each other, despite good practice being abundant. We would therefore support the introduction of a LeDeR programme, with the sharing knowledge assisting in reducing inequalities facing learning disabled and neurodivergent women.

- “...we need to stop thinking in silos and actually we need to work across all these things.”
- “I think it says a lot that one council has done something so well, but then the other ones don't know anything about it.”

Independent Advocacy

Which of those proposals do you agree with (if any), please tell us why?

Both Proposal 1 – strengthen and improve access to existing advocacy provisions – and Proposal 2 – improve our understanding of independent advocacy – are necessary to provide adequate advocacy services for neurodivergent and learning disabled women. We agree with the statements provided in the consultation document outlining the need for independent advocacy, with some women stating the difficulties experienced when accessing statutory or public services. They have explained that having professional guidance would greatly assist in ensuring their rights are being met, while also improving their experience of often difficult processes. Women have gone on to explain that this is particularly valuable for those experiencing or have experienced domestic abuse. In cases such as these, ensuring

independent advocacy allows victim's/survivor's voices to be heard, separating them from emotional/financial/coercive abusers.

- “Women aren't always sure of their rights when they're going through the system, it can be really intimidating. They need someone to be there, to help them.”

Proposal 1 in particular which focuses on embedding the use of advocacy across public services, as well as clear regulations around provision, should assist in improving conditions for the neurodiverse community. However, with regards to the lack of commitment to create a specific right within the Bill for independent advocacy, results in a sense of poor ambition. As stated in the ministerial foreword of the consultation document, this Bill is “unique and world-leading”, with the potential to be the gold standard for neurodivergence and learning disability guidance. The information given in Proposal 2, does work to enable this right in the future, with the furthering of knowledge surrounding where independent advocacy is most needed, being vital to the creation of a specific right. Therefore, we would recommend clear commitment from the Scottish Government surrounding incorporating a specific right to independent advocacy within this Bill, with a reasonable timeline attached.

Health and Wellbeing

Which of those proposals do you agree with (if any), please tell us why?

Proposal 1: Neurodivergent and Learning Disabled Strategies

We support the development of neurodivergent and learning disabled strategies, believing that it will assist in the creation of reliable care across Scotland. Due to the likelihood of neurodivergent and learning disabled women having regular interactions with health and social institutions, it is key that these public bodies are included in strategic outcome implementation.

Proposal 2: Mandatory Training for Health and Social Care Workforce

Through the implementation of comprehensive, mandatory training for health and social care workers, neurodivergent and learning disabled women are more likely to have positive wellbeing outcomes. Currently, this group regularly face stigma and discrimination when accessing services, with this also being highlighted throughout the consultation document itself. We therefore welcome these plans, however, believe clear monitoring of this training is vital in ensuring it is being effectively carried out across the country and not a ‘tick box’ exercise.

Proposal 3: Inclusive Communications and Accessibility

It is vital that the development of health and social care provision for neurodivergent and learning disabled women includes accessible communications. As stated, inclusive messaging assists in the creation of a better system for all, improving health outcomes throughout Scotland.

Proposal 4: Patient Passports

The concept of ‘patient passports’ is one which the SWC support. Through the creation of such a process, the likelihood of repeating information will be vastly reduced, improving patient experience. For neurodivergent and learning disabled people, this is particularly pertinent, with their individual preferences being collected and utilised in future appointments. Therefore, the inclusion of ‘patient passports’ should assist in creating a better patient experience for neurodivergent and learning disabled women.

Mental Health and Capacity Law

Do you agree with this approach? Please tell us why?

No.

It is clear from the experience given from the LEAP group in the consultation document, the continued inclusion of neurodivergence and learning disabilities within mental health legislation is highly offensive. This categorisation has contributed to increased stigma around conditions such as autism, as well as a higher levels of medicalisation around neurodivergence and learning disabilities. We therefore believe that the proposed approach contributes to continued disadvantage for the neurodivergent and learning disabled community. Instead, we recommend that there is specific removal of learning disability and autism from the scope of mental health and incapacity legislation after careful consideration with lived experience groups. This work should be done quickly and efficiently, with a clear timeline laid out, properly communicated in a neurodiverse-inclusive way.

Social Care

Which of those proposals do you agree with (if any), please tell us why?

Proposal 1: Neurodivergent and Learning Disabilities Strategies

As stated above, we believe that the creation of legislative requirements for future strategies assists in the embedding of a neurodivergent and learning disabled approach. These strategies should ensure that local differences are taken into full consideration, to effectively understand the unique needs across Scotland.

Proposal 2: Mandatory Training for the Health and Social Care Workforce

We strongly support the legislation of training requirements for health and social care staff surrounding the LDAN Bill. As discussed, neurodivergent and learning disabled women regularly face stigma and discrimination when attempting to access health and social care. This discrimination relates to diagnosis, as well as poor communication of future appointments/treatments. In order to remedy the continued disadvantage faced by disabled women across Scotland, comprehensive training is therefore necessary.

Proposal 3: Inclusive Communication and Accessibility

The suggestions made in Proposal 3, link well with Proposal 2, with neurodivergent/learning disabled women stating that communication is often not sufficient or inclusive. Through the integration of improved communication techniques and the evaluation of complaints processes, health and social care should become more accessible for the neurodivergent and learning disabled community.

Is there anything else that we should consider in relation to this topic?

Within this section of the consultation document, the National Care Service (NCS) is discussed. When asked about this particular Bill, women have expressed confusion, stating that they lack information and clarity on potential outcomes. Women are likely to be disproportionately affected by the proposed legislation, with women taking on the majority of caring roles,

professionally and domestically. Therefore, we are calling for increased transparency on the development of the NCS.

Housing and Independent Living

Which of those proposals do you agree with (if any), please tell us why?

Proposal 1: Advice, Advocacy and Guidance

The inclusion of specific advocacy services for housing support within the general independent advocacy discussed previously, would assist neurodiverse and learning disabled women. As stated in the above section relating to advocacy, giving individuals the option of independent advocacy, enables improved communication and outcomes for all involved. Moreover, with the housing market remaining complex and multilayered, it is vital that those with additional needs are given equal opportunity in accessing housing.

Proposal 2: Neurodivergence and Learning Disabilities Strategies

We strongly support the development of strategies which consider the needs of neurodiverse and learning disabled women. Strategies place a clear mandate on national and local organisations to provide improved services, with housing significantly contributing to overall personal wellbeing. Through effective evaluation of outcomes, housing provision can be improved, working alongside health and social care partnerships for better outcomes.

Proposal 3: Mandatory Training for Housing Professionals

As stated above, we believe that improved training options for health and social care professionals is key in improving outcomes for neurodivergent and learning disabled women, with the housing sector being no different. We have heard from women working in the housing sector that they are continually providing multiple forms of support for tenants, including liaising with health and social care professionals. Therefore, ensuring that all public sectors have the same level of training is vital in creating a continuity of care.

- “Housing is basically becoming a frontline service; we’re having to help in emergencies and everything now.”
- “Housing is key to it all, as is healthcare. It stops people from having to go here, there and everywhere, and opens doors.”

Proposal 4: Data

Housing-specific data relating to neurodivergence and learning disabilities, would assist in the evaluation of services, alongside the development of future policy, and therefore we believe that Proposal 4 is key in the creation of the LDAN Bill. As an organisation which works exclusively with qualitative data, believing that it can provide deeper insight into social issues, we propose further work with lived experience groups throughout the evaluation process.

Proposal 5: Inclusive Communications

We support the development of housing-specific communications, due to the complexity of the social housing market. Through clear and neurodivergent-inclusive messaging, a wider range of people can access information and guidance, potentially reducing strain on social housing employees who currently aid tenants. It is vital however that, face-to-face contact is still possible with professionals, with the increase in online and telephone consultations/meetings

causing some women stress and anxiety. We would therefore recommend ensuring that 'inclusive communications' considers the multiple layers of inclusivity, including a range of voices and opinions.

- "I don't know how many times I've said to them that it [telephone meetings] doesn't work...they're adamant that I need to do it that way. But then I'm getting frustrated and that impacts on my mental health"

Complex Care – Coming Home

Should there be a statutory duty upon the relevant public body or bodies to hold a Dynamic Support Register? Please tell us more.

The proposed alterations to the Dynamic Support Register would assist in ensuring cross-Scotland compliance with the LDAN Bill. As stated previously, the irregularity in service provision across the country, reduces neurodiverse and learning disabled women's confidence in the care they receive. This lack of trust contributes to poor health outcomes, as does the continued stigma and discrimination faced by this group when accessing health and social care. Furthermore, the Dynamic Support Register will assist in ensuring good quality data is collected throughout health and social care providers in Scotland, allowing for better care to be developed in the future.

Which of the options for the National Support Panel do you think has the most benefits?

Option B.

Option B provides a legal precedent for local authorities and public boards to ensure they are adhering to certain rules, and therefore would be the preferred choice. Despite taking longer to establish than a non-legislation option, through the creation of a legislative process, the embedding of a neurodiverse and learning disabled outlook is distinct. In addition, we accept the potential drawback that this panel would not be able to consider individual cases, however we believe that the priority of these experts should be on evaluating overall service across Scotland, with individual matters being taken up through the improved advocacy services proposed above. It is imperative that effective accountability mechanisms are in place to protect the rights and services of neurodiverse and disabled women.

Relationships

Which of those proposals do you agree with (if any), please tell us why?

Overall, as an organisation, we support the five proposals made relating to relationships. In particular, the inclusion of specific data relating to sexual violence faced by women with learning disabilities is vital. Women in general feel reluctance in sharing their experiences or reporting sexual crimes due to stigma and fear of reprisals. For women with a learning disability and/or are neurodivergent, this stigma is increased, with their intersectional characteristics deepening inequalities.

Furthermore, in relation to Proposal 3 – inclusive communications – it is clear through the statistics provided, that neurodivergent/learning disabled women face a higher risk of sexual violence and domestic abuse. Therefore, ensuring that this group have access to good quality

education throughout their lives, is vital in reducing levels of violence/abuse. However, it is key that any communications do not contribute to a wider victim blaming narrative. Women have stated that they believe it is far more impactful to teach young men about the harm caused by misogyny and sexual violence, rather than exclusively placing responsibility to avoid abuse on young women.

- “...it’s the boys that need to get educated as well as the girls. Like the lassies need to know how to stay safe of course, but the boys need to know...that they shouldn’t even think about it.”

Access to Technology

Which of those proposals do you agree with (if any), please tell us why?

Proposal 1:

As stated in the consultation document, online activity is an essential element of modern life, requiring increased knowledge on safe usage and interactions. Neurodivergent and learning disabled women are also likely to be online, with technology providing opportunities for socialisation and increased participation in the labour market through hybrid working. It is vital however, that this group are provided with the necessary skills to use online technologies, with Proposal 1 highlighting the need for training on digital safety. Women in general have reported high levels of misogyny and sexism online, with the growing threat of incel behaviour pushing them away from some sites. This withdrawal in usage is ultimately not conducive to creating a safer, women-friendly online environment, and therefore, we strongly support this proposal, believing that it can assist in keeping neurodivergent and learning disabled women safe online. However more generally, young people, including boys, should receive education on the harmful impacts abuse online can have on victims, with a specific focus on incel behaviours.

- “Our school had a ‘slags page’ on Instagram, where photos of girls nearly naked...would be posted with their name in the caption.”
- “I deliberately don’t have a social presence on Twitter [now X] to avoid abuse.”

Proposal 2:

Gathering increased data on the number of people with learning disabilities and neurodivergent people accessing and using technology can contribute to creating a safer online environment. By understanding online behaviours, future policy can be moulded around specific need. However, we would highly recommend the disaggregation of data, believing that neurodivergent and learning disabled women’s online activity may vary from their men counterparts. Through the separating of datasets, a deeper understanding can be gathered, bettering future policy making.

Proposal 3:

We support the increase of support available for neurodivergent and learning disabled women to access and use technology. Improving digital access is key in creating a modern Scotland, as well as providing all citizens with equal opportunities to communicate, learn and work. Through direct support, which is neurodivergent-inclusive, a broader range of individuals can access the many advantages technology can bring. We would therefore recommend that any support provided should be co-designed with neurodivergent and learning disabled women, allowing different approaches to be considered.

Employment

Do you agree with this approach, please tell us why?

No.

We accept that the Scottish Government have limited flexibility with regards to employment legislation, and therefore a total overhaul of the inclusivity of the workforce is made complex. The approach suggested however, does work to reduce some of the inequalities faced by disabled women in the workplace. Through a focus on increased training for superiors and job coaches, the approach may tackle the significant barriers in relation to promotion and hiring.

However, despite the limitations set out in the consultation document, the outlined approach lacks vision. There is inclusion of improved data, but this has a focus on language used to ensure that the data collected is done in a consistent way. We would instead suggest a focus on the quality of data, with a specific focus on the type of work being carried out by neurodivergent and learning disabled women. Women are significantly more likely to be in part-time, low quality work, for many reasons, such as caring commitments, a lack of a personal vehicle or a lack of qualifications. Low quality work, therefore, fills a gap for many women, with flexible working hours and limited entry requirements. Overall, plans made to improve workplaces through Fair Work First principles are commendable, however are less likely to be implemented across low-paid workplaces. Therefore, understanding where neurodivergent and learning disabled women work is key when evaluating whether Fair Work First has had a significant impact on this group.

Social Security

Which of these proposals do you agree with (if any), please tell us why?

The three proposals given, allow for an improved life for neurodivergent and learning disabled women. Through clear national and local strategies, public bodies are provided with a mandate surrounding this group, as well as how inclusivity can be built into Social Security Scotland communications. Furthermore, mandatory training for all staff should enable an easier process for those seeking social security, with the process being notoriously complex and difficult. We would encourage the implementation of a statutory requirement being placed on Social Security Scotland, to ensure that relevant staff members have the appropriate level of training. Lastly, we agree with the increase in data collection, with current techniques, not effectively gathering all relevant information in relation to neurodivergence and learning disabilities.

Justice

Is there anything else that we should consider in relation to justice?

As stated in the previous section 'Relationships' of the consultation document, neurodivergent and learning disabled women are significantly more likely to experience sexual violence and domestic abuse than non-learning disabled women. Due to the prevalence of sexual violence faced by this group, we would highly recommend specific work to be carried out in relation to reducing violence rates, as well as increasing knowledge across the justice system of this issue. This should include input from those with direct lived experience, ensuring that all training materials are trauma informed.

Restraint and Seclusion

Do you agree with this approach? Please tell us why.

No.

The continued use of restraint and seclusion across services is unacceptable in a modern Scotland. Women who have experienced this practice have amounted it to abuse, stating that it is fuelled by their neurodivergence and/or learning disability, contributing to poor mental wellbeing and trauma. We also hold concern around the definition of 'challenging behaviour', which is commonly used as justification for restraint and seclusion techniques, with this being highly subjective, and ultimately, open to abuse. Furthermore, through the integration of the United Nations Convention on the Rights of the Child (UNCRC) into Scots Law, restraint and seclusion clearly go against multiple articles, including articles 2, 3, 19 and 23. Therefore, there should be increased focus on support mechanisms for neurodivergent and learning disabled individuals, rather than continued isolation and stigmatisation of this group.

Transport

Which of these proposals do you agree with (if any), please tell us why?

Proposal 1: National and Local Strategies

We support Proposal 1, believing that national and local strategies in relation to transport services is vital in creating an improved network for everyone in Scotland. There are obvious differences between transport availability between rural and urban areas, with women explaining significant gaps in provision across rural communities. Those who are neurodivergent and learning disabled, face further barriers to access, resulting in poor and unreliable service. Through localised plans, it is more likely that these issues can be rectified, with the centralisation of decision-making often isolating rural areas.

Proposal 2: Mandatory Training

Again, we believe that the introduction of mandatory training across public services in relation to neurodiversity and learning disabilities, should assist in creating an improved Scotland for all residents.

Is there anything else that we should consider in relation to transport?

Through the establishment of free bus travel for under 22s, an increased number of young people have been able to access work and leisure activities across Scotland. However, carers for those with a learning disability and/or neurodivergence are not adequately covered, with costs being covered through individual support packages or household finances. This has had a detrimental impact on young neurodivergent and/or learning disabled women, preventing them from living independent lives. We would therefore recommend reconsiderations to include a companion on the free travel card, establishing a sense of freedom amongst this group.

Education

Which of these proposals do you agree with (if any), please tell us why?

Proposal 1: Strategies and Reporting Requirements

Through the establishment of improved strategies and reporting requirements, legislative duties are more likely to be ensured, protecting young women's right to an education. We have heard from mothers of neurodivergent and/or learning disabled children, that there are clear gaps in provision across the country, with each local authority prioritising the needs of these children differently. This has become clearer for families who have resided in more than one council area, with service-provision dropping dependent on locality, furthering stress and anxiety.

- “It's often the assistants that deal with our child, as the teachers cannot cope. They've said that they can't give my child what they need, so they just leave it to the teaching assistant, who is paid a lot less...It's not education at all, and the assistants are lovely, but they're not trained to deliver education like the teachers are.”

It can also be said that there is a lack of advocacy services for families who aim to ensure their children are receiving the same quality of education as neurotypical children. Women have explained that they have struggled to debate with school officials, feeling unheard and disenfranchised by the process. The inclusion of the UNCRC in Scots Law, provides the Scottish Government with the opportunity to utilise the language and guidance given, to uphold the rights of all children in Scotland, including in the provision of advocacy services.

Proposal 2: Mandatory Training for Teachers, Practitioners and Other Educators

Mandatory training is essential for the betterment of education services in Scotland. Through mandatory training, there should be increased awareness and understanding of these conditions, resulting in increased acceptance across society. Currently, there is no mandate for teachers to carry out this training, however, due to the increased likelihood of neurodivergent and learning disabled children within schools in Scotland through mainstreaming policies, it is imperative that staff are trained to a good level. It is vital that this training is routinely reviewed and updated, with training remaining consistent throughout a teacher's career. We would also recommend that all staff within schools receive adequate training, including reception staff, janitorial staff and caterers. Through this, the embedding of neurodivergent-inclusive spaces can be ensured.

- “I can't quite believe that students only get a few hours on additional support needs, despite it becoming more prevalent in schools. We are basically setting up these young teachers to fail.”

Proposal 3: Data

We support the improvement of data across education settings; however, it is vital that this data is disaggregated. As stated previously, young women are less likely to receive a diagnosis of neurodivergence, with engrained stereotypes and 'masking' contributing. Through improved data across public services, the Scottish Government can better understand these conditions, and ultimately improve service provision for this minority group.

Children and Young People – Transitions to Adulthood

Do you not agree with this proposal, please tell us why?

We support the overarching principles laid out throughout the consultation document, believing that they should assist in bettering outcomes for neurodivergent and learning disabled women. However, currently there is a lack of cohesion across all directorates with regards to legislation and policy which enable transitions to adulthood. Women have explained that there is a clear

lack of understanding of individual needs, alongside a continued withdrawal of support services. Support services have commonly been provided by third sector organisations; however, funding cuts and short-term funding have decimated community services, causing a breakdown in service-provision. We would therefore recommend specific focus on transitions to adulthood, through community-centred ideals, which may contribute in giving neurodivergent and learning disabled women a happy and healthy life.

In addition, women have highlighted that often educational opportunities for neurodivergent and learning disabled children are poor. There is often stigma and assumptions attached to their decisions, preventing them equal access to further education. College or university courses on offer, may lack clear direction, with job opportunities lacking. It would therefore be worthwhile for the Scottish Government to consider how they can better improve the education situation for this group, particularly if they are to achieve in increasing the number of neurodivergent and learning disabled individuals in the workplace.

- “I have a real worry that if it wasn't for the external support I received, my son would not have got his college place...Local authorities are cutting these positions though.”

Is there anything else that we should consider in relation to Children and Young People: Transitions to Adulthood?

We would also like to draw attention to the fact that women are less likely receive a diagnosis of conditions, such as autism, until later on in their life. This can mean that many did not receive any level of support as children, adding a layer of complexity when entering the support system, contributing to anxiety. It can be argued that this has been worsened due to increasingly long waiting lists of mental health support in Scotland, with many of these women being abandoned by essential services.

Accountability

Which of the five options set out above do you think would best protect, respect and champion the rights of people with learning disabilities and neurodivergent? You can select multiple options if you wish.

1, 4 and 5

Please give the reasons for your choice(s).

Option 1: A New Commission or Commissioner

Through the creation of a specific commission/er, the Scottish Government can work to improve outcomes for neurodivergent and learning disabled communities. This organisation/individual can ultimately hold public authorities accountable, when care and service is not adequate, while simultaneously holding up good practice for replication. A commission/er will also be able to advocate for the rights of learning disabled groups, enabling the embedding of Human Rights based approach, as set out in the previously proposed Human Rights Bill.

Option 4: Better Resourcing for Existing Disabled People's Organisations Who Support Neurodivergent People and People with a Learning Disability

Throughout Scotland, disabled people's organisations provide vital support on a community level, focusing on one-to-one support. However, due to continued budget cuts and short-term funding models, these groups and organisations are struggling to go on providing this invaluable care. We would therefore recommend further commitment from the Scottish Government to re-establish funding streams to these groups, while simultaneously improving structural issues facing the neurodivergent and learning disabled community.

Option 5: Supporting Good Practice Through Standards, Guidance and Practice Tools and Investing in Co-Production

As an organisation which advocates for the increased use of lived experience, acknowledging the important insight it provides into social issues, we believe the expansion of this as a way to challenge disadvantage has many benefits. By working alongside those with lived experience, good quality standards and guidance can be created, with best practice being championed on a national level. This also works with the concept of co-production across local authorities, with examples of best practice, then being utilised across the country where appropriate.

Conclusion

Having listened to women, our three key recommendations on this topic are:

- Mandatory training across public sector organisations is key in tackling the stigma and discrimination faced by neurodivergent and learning disabled women.
- Due to the high prevalence of sexual assault amongst learning disabled and neurodivergent women, specific interventions must be developed to prevent ongoing suffering.
- The immediate removal of restraint and seclusion techniques is vital in providing learning disabled and neurodivergent women with access to safety, freedom and quality of life.

The SWC is grateful for the opportunity to respond to the Scottish Government's consultation on '**Learning Disabilities, Autism and Neurodivergence Bill**'. As an organisation, we will continue to work with women from across Scotland to gather voices and experiences relating to this topic and its effects on women's equality.

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