



# **Learning Disabilities, Autism and Neuro- divergence Bill**

**Consultation Response**



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LGBT Health and Wellbeing is Scotland's national health and wellbeing charity for LGBT+ adults. The vision of LGBT Health and Wellbeing is of a Scotland where LGBT+ people thrive; an equal Scotland where who we are does not negatively impact on our health and wellbeing. LGBT Health and Wellbeing aims to achieve this by improving the physical, social, and mental health and wellbeing of LGBT+ adults (aged 16 years and over) in Scotland through responsive support services, and social opportunities (events and groups) for LGBT+ people to connect with each other. Additionally, LGBT Health and Wellbeing works collaboratively with the LGBT+ community to work for change by platforming LGBT+ voices and experiences to influence policy formation and improve access to mainstream services for those most marginalised within the LGBT+ community.

LGBT Health and Wellbeing met with its LGBT+ Autism Community Group to discuss the Learning Disabilities, Autism and Neurodivergence Consultation in April 2024. There were 9 community members present, who shared their experiences as LGBTQ+ people, and their views on the proposed legislation. Our response is based upon the experiences shared with our community members, and the information we hold as an organisation which works closely with LGBTQ+ neurodivergent people - our most recent 2023 Service Evaluation found that 34% of LGBTQ+ people who use our services (who completed our survey) are neurodivergent, and/or have a learning disability.



## Statutory Strategies for Neurodivergence and Learning Disabilities

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

We asked our those within our LGBT+ Autism Community Group *"would you support a specific Scottish government strategy on learning disabilities, autism and neurodivergence?"*

Overall, all community members present said that they support the notion of statutory strategies for neurodivergence and learning disabilities. Some were more supportive than others, with some in attendance questioning what a specific strategy would be able to achieve and if it would work for LGBTQ+ neurodivergent people. There was overwhelming support for a strategy (or strategies) co-produced with those who have lived experience, and that this representation was intersectional. The group also stressed that any lived experience work would have to be meaningful, and that it's important to listen to those who share their lived experience and implement recommendations.

The community group also recognised the importance of strategies that understand the nuance of the LGBT+ neurodivergent experience, and the barriers created both by being LGBTQ+ and neurodivergent. One community member shared with us that being trans and autistic impacts the way in which they engage with services, and the treatment that they receive. It's important that the proposed strategy (or strategies) understand the impact of multiple minority stress, and commit to actions to better the lives of LGBTQ+ neurodivergent people. Those in the group highlighted instances where their LGBTQ+ identity was seen as illegitimate due to their neurodiversity with one person stating that they had been advised to "not tell healthcare providers they are autistic" as this might prevent them from being able to access gender affirming healthcare. Many in the group highlighted they had at times been infantilised and made to feel as though their LGBTQ+ identity was less valid, due to their neurodivergence. One person *added "there's an infantilising and condescending attitude to LGBTQ+ and specifically trans people who are neurodivergent. We are treated as though we cannot possibly know who we are, which is just wrong."* All agreed.



Our community said:

*"I think it sounds like a good idea, so long as the strategies are reflective of our [LGBT+ neurodivergent] experiences."*

*"It's always the hope that the strategy is written by people who have the relevant lived experience."*

*"Any strategy has to be written by people who understand the key issues that impact our community."*

*"I think this is a good idea as neurodivergence falls through the gaps without its own specific strategy. It isn't really covered anywhere else and not comprehensively."*

*"LGBT+ and neurodivergence - it is important for the strategy to address both. It must be person-centred. We don't want to view these as separate and have people being bounced backwards and forwards between different support. Autism is higher amongst LGBT+ people, the recognition is important."*

*"Any strategy should prioritise strategic goals (for example, helping to get unemployment down for our community)"*

The group were in support of the reviewing of strategies and agree that actions should be effectively monitored, and reported on.

## Mandatory Training in the Public Sector

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

LGBT Health and Wellbeing's LGBT+ Autism Community Group were overwhelmingly supportive of mandatory training in the public sector as part of the LDAN Bill. We asked the group *"do you think it is important that those working in the public sector receive mandatory training about neurodivergence?"*



Overall, the community stated the critical importance of training for those in public services, and many individuals highlighted instances where public servants / those working in the public sector had little to no knowledge of neurodivergence, learning disabilities or LGBTQ+ identity. These instances can often be stressful, traumatic and unsettling for LGBTQ+ neurodivergent people - as our community highlighted. The group discussed having their appearance judged, their identity misunderstood and their neurodivergence infantilised. Many in the room highlighted how engagements they had had with public services were often negative, inaccessible and at times stressful.

The group highlighted the importance of training again being person-centred, and that it represents the diversity of experience as a neurodivergent person, and how this identity can intersect with other identities (e.g. LGBTQ+ status, ethnicity, physical disability). The group were very supportive of training being informed by lived experience, and highlighted the benefit to having either neurodivergent organisations (who are LGBT+ informed) deliver training, or work collaboratively with the public sector / Scottish government to ensure it's inclusive and representative.

They said:

*"I've had engagement with an access to work programme and the job centre. They do not understand neurodivergence."*

*"At the job centre they only asked me questions about my autism and how it impacted me as a child (at age 3), not how it impacts me now. They have no*

*idea. They don't understand the importance or impact of being neurodivergent in adult life."*

*"My social worker knows that I am autistic and she gives me too much information at once, even though she knows I find it stressful and hard to process. Luckily, I have my support worker to help and assist me. My social worker is supposed to be a mental health social worker."*

*"I've worked in the public sector, there was some training received on neurodivergence, and reasonable adjustments were supposed to be granted etc. but people could just choose to make adjustments if they wanted to. They could forget, or they could choose not to. So, I say yes to mandatory training, but how would this be checked and regulated? Are autistic people going to be checking in on them to make sure the training is correct?"*



*"There's often an infantilisation of LGBTQ+ identities for neurodivergent people."*

*"I've had engagements with the police and you can tell they don't understand neurodivergence. It can feel as if you're an "easy target" especially if you're LGBT+ too."*

*"It would be beneficial for those with lived experience to be involved in building any training, and even more so for them to be in the room delivering it."*

## **Is there anything else we should consider in relation to mandatory training?**

The group were clear that they believed mandatory training should reflect the diversity of experience with regards to neurodivergence, learning disabilities and autism and that it should be intersectional, and inclusive of LGBTQ+ identities, people of colour and other minoritised groups).

## **Inclusive Communications**

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

Overall, LGBT Health and Wellbeing's LGBT+ Autism Community Group were massively supportive of proposals to improve inclusive communications. This issue was hugely important for our community, many in the room experience frequent encounters with inaccessible communication that has at times prevented them from accessing healthcare, housing, social security and other public services / provisions.

We asked our LGBT+ Autism Community Group *"What does inclusive communication really look like to you? What works? what doesn't? What would you like to see?"*

There were a range of responses which highlighted that those in the group didn't want methods of communication to be changed or removed, but that



they would prefer options on how to communicate. They also stressed the importance of having somewhere to log preferred method of communication with certain public bodies.

They said:

*"If the only option is to phone somewhere, this will probably take me weeks. It's so much harder to communicate effectively."*

*"Face to face or email would be my preference. But I like to have the choice."*

*"Everything is moving towards online. While I can see why, this isn't ideal for me. I prefer to meet with someone face to face. On the phone is very stressful too."*

*"There is no one to hold anyone to account with public services and reasonable adjustments related to communication. I was lied to and told that PIP information wasn't allowed to be emailed. You have to really fight for it."*

*"I prefer communication face to face, or even video conferencing for accountability. Trying to work out what someone is saying, or their tone, is extremely hard without being able to actually see their body language. Having alternatives to phone, e.g. email, is good and I prefer this as I can think in advance."*

*"When you ask for an adjustment often this isn't actually recorded anywhere. I have selective mutism and so many services say that they have noted it down on record, and then they still call me." One other group member then added "Yes and sometimes, like if it's the job centre, you can be punished for missing a call or being unable to answer a call. This is inaccessible."*

By embedding inclusive communication across public services, our group believe that neurodivergent people will be able to access these services more efficiently, and that certain barriers will be removed.



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

One member of LGBT Health and Wellbeing's LGBT+ Autism Community Group sent their thoughts on independent advocacy over to our Policy Lead after the consultation session. They said:

*"Advocacy is so fragmented due to third and public sector organisations being limited by what they are commissioned to do. This means neurodivergent people must seek out separate advocates for all their needs, i.e., one for health care, another advocate must be found for social care, another to help with finances or benefits and another for housing. This delays accessing support with time spent finding which organisations can help with which issue, time spent building relationships with many different people and needing multiple appointments to address each issue separately. Who Cares? Scotland are commissioned to provide wraparound advocacy for all these support needs by one advocate to care experience people. A service like this is imperative for neurodivergent people."*

We know from previous engagements with our community r.e. independent advocacy that LGBTQ+ people feel that independent advocates should be LGBT+ informed, and aware of specific barriers LGBTQ+ people experience. When discussing independent advocates, two people said:

*"I'd like support to make informed decisions and to ensure my experiences as an LGBT person are heard and not devalued or underplayed. Someone who understands what it means to be LGBT and trying to navigate a healthcare system which does not know much about LGBT people and our needs."*

*"I need someone who is aware of equalities legislation and the impact being LGBT has on experiences when accessing health services here in Scotland. Too often people do not understand the healthcare barriers and instances of discrimination LGBT people face in healthcare."*

## Housing and Independent Living

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



We asked our LGBT+ Autism Community Group "what do you think could help make housing an easier process for neurodivergent people?"

Overall, the community group members highlighted that there was significant lack of understanding of key issues that impact them, and their needs as neurodivergent LGBTQ+ people.

They said:

*"There is a huge lack of awareness of the needs of our community."*

*"Housing associations and factors don't take into account neurodivergence when reporting problems and problem neighbours. For example, neighbours with loud music. The neurodivergent person who lives in the flat above me is constantly having panic attacks because of this. The housing association isn't aware or doesn't take into account that loud music isn't just "annoying" for some people with sensory needs, but it can really take over your life."*

*"There is a bad culture of ignoring people, and their needs."*

*"LGBT+ and neurodivergence come together and it's important that housing providers know that both are important and impact who you are. My old social worker got me a flat in my area specifically because it's a diverse area and I am trans. Without her I would be back to where I was, being verbally assaulted by a neighbour and chased with bats down the street because I am autistic and trans. Housing providers need to be aware of and care about personal safety."*

*"It's important that there's someone at the housing association who knows about LGBT+ people and neurodivergence/ autism and learning disabilities. There's no help or support really and this can be tough."*

*"There should be more training for those working in housing associations. They should know about intersectionality and LGBTQ+ issues and neurodivergence."*

*"There isn't enough awareness around the rights for neurodivergent people. I Applied for a housing association and didn't get any points even though I am autistic." Another person added "yes, they don't give you points for neurodivergence really on forms which is misinformed. There's too much focus on whether you can climb stairs."*



Overall, the group supported the idea of local housing strategies considering the needs of LGBT+ neurodivergent people, and some said that this might be helpful in improving awareness of the rights of neurodivergent people (e.g. reasonable adjustments under the 2010 Equality Act).

## Employment

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

LGBT Health and Wellbeing's LGBT+ Autism Community Group highlighted that workplaces aren't always supportive environments for LGBTQ+ neurodivergent people. They also recognised that there are barriers to employment, and to accessing services which are meant to support people into employment.

The group were in support of training for job coaches on neurodivergence and learning disabilities. Many in the group highlighted negative experiences they'd had whilst at the job centre / working with a job coach. The group discussed instances where job coaches didn't communicate with them effectively, expected them to apply for roles unsuitable for LGBTQ+ neurodivergent people and had lack of understanding of the reasons why these roles weren't suitable. The group also highlighted that processes in applying for roles via the job centre can be inaccessible. One person said: *"there's no understanding of the application process being difficult for neurodivergent people. I've struggled massively when applying for jobs and there's no real help."*

Another person highlighted that even in programmes aimed to support you to find employment there's a lack of understanding of neurodivergent LGBTQ+ people and the issues that impact them. They said *"I have engaged with access to work before, and they didn't even know what neurodivergence was."* Others agreed highlighting that there's a general lack of understanding of the ways in which the world does not cater for people who are neurodivergent, and how this can make things challenging.

Those present also highlighted that they felt they often had to hide their identity - both their LGBTQ+ identity and their neurodivergence - to be able to engage in these processes. Those in the group discussed masking, and highlighted that this can be exhausting for neurodivergent people. One person said: *"It's all about how well you can mask your symptoms, it's less about who you actually are and more about how you act or pretend to be."*



Overall the group advised there was much that needed to be done to ensure that employment and employability programmes were accessible for LGBTQ+ neurodivergent people. Again, the group agreed that there is huge need for training, and for accessible processes. The group also highlighted the

need for employers to be more inclusive and understanding of neurodivergence. One person said: *"I have difficulty with interviews when they do group task work or games as this can be difficult for me to navigate. When I ask for feedback after the interview it always says "didn't contribute" or "not confident. Sometimes I have felt that when an employer sees me, they almost rush the interview process as if they are not even going to consider me. This isn't right and it should be based on experience and your CV."* Others in the group agreed and recognised instances where they'd experienced similar.

## Justice

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

Overall, the LGBTQ+ Autism Group were supportive of proposals 1,3,4,5,6. The group highlighted for them that training for public bodies (e.g. the police) on neurodivergence is hugely important - again they stressed the importance of this being intersectional in its approach.

One person, who reached out to our Policy Lead via email said:

*"Public sector workers, particularly health care (including mental health) and the police, need training to understand how neurodivergent people may present differently in a range of situations. I have been denied crisis support and discharged from mental health services because I did not present with the standard key indicators used to assess a person's mental health, i.e., I've been told that I'm not in crisis or do not have MH problems because I wasn't struggling to get out of bed, to eat, because I'd had a recent haircut, because I didn't write a suicide note I could not be suicidal with any intent. Police need this training, not just for their role in law enforcement, but for their safeguarding responsibilities; I have had encounters with police, who were called for welfare concerns, who came to my house (once by forced entry) only to be clearly annoyed to be doing what they deem a waste of their time and refusing to acknowledge*



*I was facing any issues for reasons such as my flat being too clean. After forcing entry, the police left with no signposting or referral to any support. Similarly, A&E is somewhere that needs urgent changes to ensure neurodivergent people are recognised as being in crisis and not discharged with no ongoing support. A&E and crisis services are always recommended to people in crisis but which are wholly ill-equipped to support neurodivergent people."*

Within the session, the group discussed the importance of police officers receiving adequate training on neurodivergence and learning disabilities. The group all agreed that either they, or someone they know, had had a negative encounter with a police officer due to inefficient understanding of neurodivergence and LGBTQ+ identity. One person said *"Now I am sure the police do have training, but it's obviously not good enough. The last time the police tried to arrest me they were being very aggressive and saying things to me such as "you will lose your job" and "you're in a lot of trouble" etc. now luckily, I knew this wasn't true, but there are instances where some people who are neurodivergent could find this extremely distressing and unsettling. I've had awful experiences with Police Scotland, and all of them have been pretty aggressive."*

The group went on to discuss the impact of being both LGBTQ+ and neurodivergent when engaging with the police. There was discussion around the historic relationship with the LGBTQ+ community and the police (e.g. the criminalisation of homosexuality) and how this still impacts how many LGBTQ+ people feel about and engage with police today. One person in the group added that they often feel discriminated against, adding *"I think it's easier for police to pick on gays and neurodivergent people. There's also a historic traumatic relationship there."*

The group highlighted that they would be supportive of services and those working within the justice sector to receive training that is inclusive of trans people and neurodivergence. They felt it was important that this include information on the impacts of discrimination and maltreatment as well as community needs.

The group were hopeful that things could improve for LGBTQ+ neurodivergent people, but were all too aware of the barriers that were present. A trans autistic person closed the discussion by adding *"I don't report when I am attacked to police, I just feel like there wouldn't be much point."*



## Transport

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

LGBT Health and Wellbeing's LGBT+ Autism community group highlighted that often public transport is not accessible to them as LGBTQ+ neurodivergent people. Some in the group highlighted the copious paperwork that is involved in registering for travel concession. There was recognition that some systems were linked to social security benefits, e.g. Glasgow City's bus pass, but all agreed that these systems should be made easier for neurodivergent people and all of those eligible for free travel. The group highlighted that oftentimes there's little understanding of neurodivergence from those working in transport, and one person shared an instance they were refused onto a bus due to what they believed was their identity.

The group agreed there is need for training on neurodivergence across the board, and insisted this should be intersectional. They also highlighted the need for systems to be improved and made more accessible.

## Education

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

After the consultation session a member of the LGBT+ Autism Community Group shared with our Policy Lead via email:

*"I think it is important that a Statutory Strategy for Neurodivergence and Learning Disabilities can inform the GIRFEC (getting it right for every child) commitment for neurodivergent children's needs and that it can be specific in improving adherence to the Education (Additional Support for Learning) Acts for neurodivergent students. There needs to be better understanding in educational settings of neurodivergence and how the school environments effects children – neurodivergent children may behave differently in expressing or communicating their needs and struggles."*



Overall, there was support for training for teachers, practitioners and other staff amongst the group. They highlighted again that this should be intersectional, and reflect the diversity of experience amongst those with learning disabilities and those who are neurodivergent.

## Children and Young People - Transitions to Adulthood

**Is there anything else we should consider in relation to Children and young people - transitions to adulthood?**

See response to Section 13: Education.

## Accountability

**Which of the 5 options set out above do you think would best protect, respect and champion the rights of neurodivergent people and people with learning disabilities? You can select multiple if you wish.**

Option 1, Option 2, Option 3, Option 4, Option 5.

**Please give the reason for your choice(s).**

LGBT Health and Wellbeing's LGBT+ Autism community group discussed the possibility of a Commissioner for Learning Disabilities, Autism and Neurodivergence. The group were generally supportive of such a role, but had many questions on who would fill this role, if it would be truly independent, and how much it would cost (e.g. would it take money away from funding other services).

They said:

*"If there was a Commissioner, it would need to be possible to hold them accountable, and for them to hold government accountable. Who would this be? Is this a role to just say "you can have this, but nothing is really going to change" this is important."*



*"Is this a tick box or would this person have real power and influence?"*

*"This could be very useful if this person was outwith the political cycle. This person would need to be committed, and not coasting through a career in*

*politics."*

*"Life experience and lived experience would be extremely important for this Commissioner."*

*"They would need to be LGBTQ+ accepting and affirming"*

The group agreed that, if a Commissioner role was to be created that this person should be wholly independent, and committed to the rights of neurodivergent people and those with learning disabilities. The group also discussed the importance of any person appointed being LGBTQ+ affirming, otherwise those who are neurodivergent and LGBTQ+ would not feel they were being adequately represented.

As mentioned, some were hesitant on Proposal 1, and highlighted in their statements that some actions could be deliverable within subsequent proposals 2,3,4,5.

**[END]**



## Respondent Information Form

1. What is your name?

Rebecca Hoffman

2. What is your email address?

[Rebecca@lgbthealth.org.uk](mailto:Rebecca@lgbthealth.org.uk)

3. Are you responding as an individual or an organisation?

Individual

Organisation

4. What is your organisation?

LGBT Health and Wellbeing

5. The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

Publish response only (without name)

Do not publish response

