Ministerial Roundtable on Adult Neurodevelopmental Pathways

NOTE / MINUTE

Date: 25 August 2026
Time: 10:00-12:30
Location: Victoria Quay, Edinburgh
Chair: Minister for Mental Wellbeing, Public Health, Sports, Alcohol and Drugs

Attendees: Variety of stakeholders

Opening Remarks

The Minister welcomed attendees and thanked participants from across the health, social care, third sector, professional, academic and lived experience communities for attending. She reflected on the significant level of interest and engagement in improving support for neurodivergent people and acknowledged the growing pressures facing adult neurodevelopmental (ND) services across Scotland.

The Minister reiterated the Scottish Government's commitment to developing a more person-centred, needs-led approach to support, recognising that current systems are experiencing significant demand pressures and that meaningful reform will require collaboration across sectors. She noted that the purpose of the roundtable was to gather views on the draft Adult ND Route Map and to discuss how implementation could be taken forward.

Presentation: How We Got Here: National Autism Implementation Team (NAIT)

NAIT provided an overview of the work that has informed development of the draft Adult ND route-map, including stakeholder engagement undertaken since 2020,

recommendations emerging from previous ND summits, and the Scottish Government's commitment to develop a national adult neurodevelopmental pathway.

The presentation summarised recent stakeholder workshops which had informed the route-map's development. Particular emphasis was placed on the principle of "flipping the perspective", shifting from a service-led model to one centred on people's experiences and needs.

Key points included:

- Development of a shared set of values to underpin future pathway design.
- Recognition that individuals' needs can change over time and that support should be flexible and responsive.
- The need for easier movement between different levels of support according to changing circumstances.
- A focus on helping people develop understanding of their neurodivergence, access support where required, and receive diagnostic assessment when appropriate.
- Opportunities for stakeholders to provide written reflections alongside participation in discussion.

Discussion: Feedback on the Draft Route-Map

The Minister invited feedback on the draft route-map.

Key Themes Raised

Person-Centred and Flexible Support

Participants broadly welcomed the direction of travel and the emphasis on needs-led support. Several contributors highlighted the importance of recognising that needs are dynamic and may change across an individual's lifespan, particularly at transition points such as entering adulthood, employment changes, or menopause.

Attendees emphasised that the route-map should support movement between different forms of support rather than creating a linear pathway. Concerns were also raised regarding the language of "levels", with suggestions that alternative terminology may better reflect the different components of support without implying a hierarchy.

Lived Experience

There was strong support for deeper involvement of neurodivergent people throughout development and implementation of the route map.

Participants highlighted the importance of ensuring neurodivergent people are involved throughout policy development, service design and governance. There was a request that the draft route-map be tested directly with neurodivergent communities to ensure that both language and content are neuro-affirming and reflective of lived experience.

Several attendees stressed the importance of recognising diverse experiences, including the experiences of women, racialised communities, people with co-occurring conditions, and individuals who may not fit traditional diagnostic presentations.

Urgency and Unmet Need

A recurring theme was the growing level of distress among people seeking support. Participants described increasing frustration associated with lengthy waits, closed pathways, limited access to assessment and variability in service provision across Scotland.

Contributors highlighted concerns regarding the impact of delayed support on wellbeing and quality of life, with some describing the current situation as a public health challenge requiring urgent action.

There were calls to prioritise support for people currently waiting for assessment and diagnosis, recognising that meaningful reform will take time to implement.

Assessment, Diagnosis and Holistic Support

Discussion highlighted the importance of ensuring that diagnostic assessment is situated within a broader system of support.

Participants noted that while diagnosis remains important for many people, particularly in accessing workplace adjustments and understanding their experiences, support should not be dependent solely on obtaining a diagnosis.

There was broad support for holistic assessment approaches that consider the whole person rather than focusing on individual conditions in isolation. Contributors emphasised the importance of ensuring that outcomes focus on wellbeing and quality of life rather than solely service activity.

Questions were also raised regarding private assessment, quality assurance and shared care arrangements. Participants highlighted the need for greater clarity regarding private diagnoses and the standards expected across services.

Workforce, Capacity and Resources

Many contributors emphasised that successful implementation will require consideration of existing capacity and workforce challenges.

Key issues included:

- Pressures facing mental health and community services.
- Workforce shortages across multiple professional groups.
- The need for training and capacity building across sectors.
- Ensuring staff have the skills and confidence required to provide neuro-affirming support.
- The importance of continuity of care, particularly within primary care.

Participants also highlighted the need for realistic implementation planning that reflects current fiscal constraints.

Role of the Third Sector

The contribution of the third sector was strongly recognised throughout discussions.

Participants highlighted examples of existing community-based support that were already delivering positive outcomes for neurodivergent people. There were calls to build on existing successful models rather than creating entirely new structures.

Contributors stressed the importance of sustainable funding arrangements and genuine partnership working between statutory services and third sector organisations.

Governance, Accountability and Measurement

A number of attendees highlighted the importance of governance and accountability arrangements. Discussion focused on:

- Ensuring clear ownership of implementation.
- Establishing mechanisms to monitor delivery.
- Developing meaningful measures of success and outcomes.
- Creating accountability arrangements that support consistency across Scotland.
- Understanding how national ambitions will be delivered within local systems and structures.

There was support for developing clear outcome measures that focus on improvements in people's lives rather than solely measuring service activity.

Education, Employment and Wider Systems

Participants emphasised that neurodevelopmental support extends beyond health and social care services. Discussion highlighted the important role of:

- Schools and educational settings.
- Further and higher education institutions.
- Employers.
- Community organisations.
- Housing and wider public services.

Contributors noted that meaningful change would require engagement across these sectors and the development of a genuine whole-system approach.

Presentation: How We Implement the Route-Map: Scottish Government

Officials outlined initial thinking regarding implementation and highlighted that publication of the route-map would mark the beginning, rather than the end, of the reform process.

The presentation outlined plans to establish implementation arrangements and emphasised the importance of aligning this work with wider neurodevelopmental and mental health programmes, including work relating to children and young people.

Participants were invited to consider which actions should be prioritised in the short term and which would require longer-term planning and delivery.

Discussion: Implementing the Route-Map

Key Themes Raised

Starting Small and Building Learning

Participants emphasised the importance of focusing on practical and achievable implementation.

There was broad support for testing approaches locally, learning from existing models and scaling successful initiatives over time. Contributors highlighted the importance of avoiding unnecessary bureaucracy and ensuring implementation aligns with existing national reform programmes.

Consistency and Local Flexibility

Discussion recognised the challenge of balancing local flexibility with national consistency.

Participants acknowledged that different parts of Scotland may require different delivery models. However, there was agreement that people should experience consistent quality of support regardless of where they live.

Several contributors highlighted the potential role of sub-national planning arrangements in supporting delivery.

Support While People Wait

A significant area of discussion focused on people currently waiting for assessment or specialist services. Participants highlighted opportunities to:

- Provide support prior to diagnosis.

- Improve access to peer support and community resources.
- Offer low-intensity interventions while people remain on waiting lists.
- Improve signposting and communication with people awaiting support.

There was support for exploring approaches already used successfully in other service areas.

Digital Opportunities

Attendees highlighted opportunities for digital solutions to improve access and consistency of support. However, contributors emphasised that digital approaches should complement rather than replace human relationships and personal support.

Workforce Development

There was broad agreement that implementation would require a shared set of competencies across the workforce. Discussion highlighted:

- The importance of neuro-affirming practice.
- Trauma-informed approaches.
- Common standards across sectors.
- Workforce planning to support movement between levels of support.
- The role of lived experience within training and development activities.

Governance and Collaboration

Participants welcomed proposals to establish a national implementation group and suggested that governance structures could provide a forum for addressing issues such as:

- Accountability.
- Outcome measurement.
- Collaborative commissioning.
- Cross-sector coordination.
- Shared learning and dissemination of successful models.

Closing Remarks

The Minister thanked all participants for their contributions and the open and constructive nature of discussions. She reflected on the breadth of expertise represented in the room and acknowledged both the scale of the challenge and the strength of shared ambition to improve outcomes for neurodivergent people.

The Minister noted that the roundtable had reinforced the importance of adopting a whole-system approach and recognised that meaningful reform would take time. However, she also highlighted the consensus around the need for a more joined-up, responsive and neuro-affirming system that supports people to live fulfilling lives.

Officials will consider the views expressed during the roundtable alongside written feedback as work continues to refine the route-map while also developing implementation arrangements.

Actions / Next Steps

Officials to:

- Revise the draft route-map to reflect feedback received during the roundtable.
- Consider alternative terminology to describe levels of support.
- Establish a working group to support implementation and oversight.
- Continue engagement with stakeholders as work progresses.