Neurodiversity and healthcare access: Croydon patient perspectives

July 2025

Contents

Executive Summary

Neurodivergent individuals often face challenges navigating health and care systems that are not designed with their needs in mind. Conditions such as autism, ADHD, and dyslexia require tailored approaches that consider sensory, communication, and processing differences. Despite growing awareness, many services still rely on neurotypical frameworks. This project aimed to better understand the lived experiences of Croydon's neurodiverse community to inform more inclusive support.

Our survey ran from January to May 2025 and spoke to multiple groups in Croydon offering a range of methods to help neurodiverse individuals participate, including one to one online and face to face conversation, digital and paper surveys, and a dedicated event. We heard from 29 respondents.

Findings

Overlap between neurodiversity and mental health: Autism and ADHD were the most frequently reported diagnoses, often overlapping with other neurodiverse and mental health conditions—highlighting the complexity and co-occurrence many patients experience, from even this limited sample **see Q.2, page 13.**

Diagnosis and support after diagnosis Most respondents received their diagnosis in adulthood, reflecting the possibility of late diagnosis **see Q.3, page 14.** Most respondents felt that they were not adequately supported with their diagnosis as well as the advice given suggesting gaps in information and support **see Q.4, page 15.** Many respondents faced long waits or unclear pathways to diagnosis, with some turned away and others seeking private assessment, highlighting unequal access **see Q.5, pages 16-19.**

Daily challenges: Many participants described daily struggles with executive functioning, sensory overload, and social interaction—often leading to stress, burnout, and difficulty navigating healthcare and work environments **see Q.6, pages 20-24.**

Health services used: GPs and mental health services are most used, highlighting complex needs, while social work is rarely accessed—suggesting limited awareness or eligibility **see Q.8, pages 30-33.**

Access and use of services: Many participants felt dismissed and struggled with communication when accessing health and social care, emphasising the need for tailored, neurodiversity-aware services and holistic mental health support **see Q.7, pages 25-29.** Feeling listened to often depended on knowing how to navigate the system, with many reporting minimised concerns and poor understanding of neurodiversity by healthcare staff **see Q.9, pages 34-38.**

Understanding by professionals: Most did say that they had enough time to speak to their healthcare professional but when explaining why they still felt rushed or did not have enough time. Some had inconsistent experiences and felt they were not being listened to or recognised, or there was a lack of understanding **see Q.10, pages 39-41.** Most respondents felt misunderstood by health professionals, highlighting gaps in knowledge, lack of empathy, and system-level failures in recognising neurodiverse needs **see Q.11, pages 42-46.**

Support and guidance: Participants highlighted the need for diverse, long-term, and culturally aware support tailored to neurodivergent needs **see Q.12, pages 48-51.** Most participants had not received wellness guidance, relying instead on self-led resources due to poor service continuity and condition-specific support **see Q.13, pages 51-54.**

Usefulness of this project: While many found the project useful, mixed responses suggest a need for clearer communication and more accessible, tailored engagement with neurodiverse communities, and further studies to understand their experiences and needs **see Q.14, page 55.**

Awareness of community support: Most respondents did not have awareness of the support organisations that are available to them, with the exception of some peer-led groups like Inaspectrum This gap highlights a need for more promotional work from local charities and voluntary, community and faith organisations support those with specific neurodiverse conditions as well as the wider neurodiverse community **see Q.15, page 56.**

Changes respondents wish to see: Participants called for clearer communication, better GP access, sensory-friendly spaces, and tailored support to meet diverse neurodiverse needs **see Q.16, page 57.**

Recommendations

Improve access to diagnosis and including earlier interventions: Creating an effective and accessible NHS-led diagnostic pathway means people will know sooner whether they do have a condition and can the access the support they need. Lack of diagnosis for those who are neurodiverse has a negative effect on being able to live, work and have a healthy life.

Increase post diagnosis support: Diagnosis is only the start of the journey, and the newly diagnosed patients need a range of post-diagnosis support which ideally would be delivered in community settings.

Better community-led information and resources: Building on post-diagnosis support, there is the clear need to create more resources for neurodiverse groups, offer communication and information that is suited to the spectrum of neurodiverse conditions. This could include a centralised hub and should be sensitive to barrier in accessing services such as masking, camouflaging, and gender differences.

Training: More training for healthcare professionals on how to deliver care for the various neurodiverse communities, so produced with neurodiverse individuals from diverse backgrounds This is in line with legislation in the 2022 Health and Care Act known as the Oliver McGowan Code of Practice to ensure there is adequate training for all health and social care staff. (HMGovernment, 2025) This could include adapting GP appointments to allow for neurodiverse patients.

Ensure mental health needs are met: The approach to mental health support for those with neurodiverse condition can be different from those who are not neurodiverse requiring a different range of therapies with staff who are suitably trained.

Personalised care: By its nature neurodiversity is a wide spectrum different conditions with some having similar diagnoses but different needs as a result. Health and social care professionals need to understand and monitor the needs of these patients from how they access services, be it face-to-face or online, to how much time they spend with patients. There is no general rule, each person's needs need to be adapted for.

Wider understanding of neurodiversity: In a similar way that Croydon has done much to raise the profile of dementia through the Dementia Action Alliance (CroydonCouncil, 2025), a similar initiative should be undertaken for Croydon's neurodiverse community to raise the profile of the spectrum of neurodiversity and help develop understanding and acceptance.

Background

Neurodivergent individuals often face challenges navigating health and care systems that are not designed with their needs in mind. Conditions such as autism, ADHD, and dyslexia require tailored approaches that consider sensory, communication, and processing differences. Despite growing awareness, many services still rely on neurotypical frameworks. This project aimed to better understand the lived experiences of Croydon's neurodiverse community to inform more inclusive support.

Methods

Our survey ran from January to May 2025 and spoke to multiple groups in Croydon offering a range of methods to help neurodiverse individuals participate, including one to one online and face to face conversation, digital and paper surveys, and a dedicated event. We heard from 29 respondents

Limitations

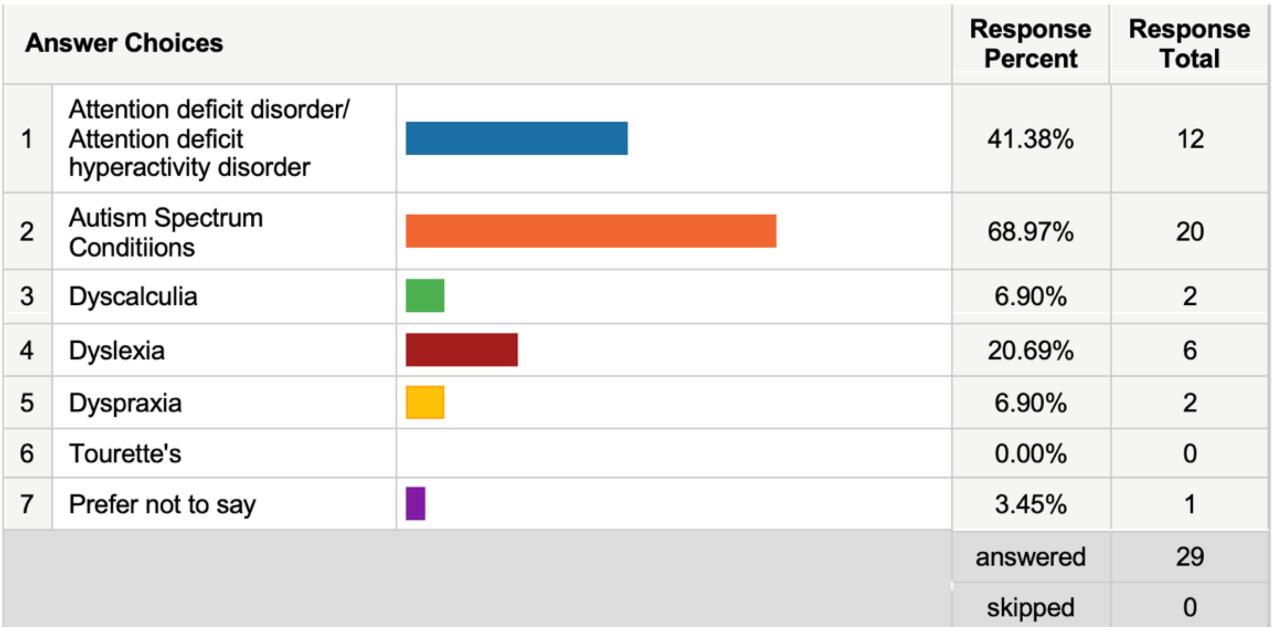
The small sample size will limit generalisability of the findings across wider population groups for neurodiverse communities. The findings are also limited to a select few neurodiverse conditions due to challenges in participant recruitment. There are also biases in terms of age, and ethnicity that would merit further research

Many thanks

We would like to thank Paul McDonald from Inaspectrum, our volunteers as well as the attendees of the neurodiversity.

Insights

1. Which neurodiverse condition do you have? can select more than one neurodiverse condition.



Answer Choices			Response Percent	Response Total
1	Attention deficit disorder/ Attention deficit hyperactivity disorder		41.38%	12
2	Autism Spectrum Conditiions		68.97%	20
3	Dyscalculia		6.90%	2
4	Dyslexia		20.69%	6
5	Dyspraxia		6.90%	2
6	Tourette's		0.00%	0
7	Prefer not to say		3.45%	1
			answered	29
			skipped	0

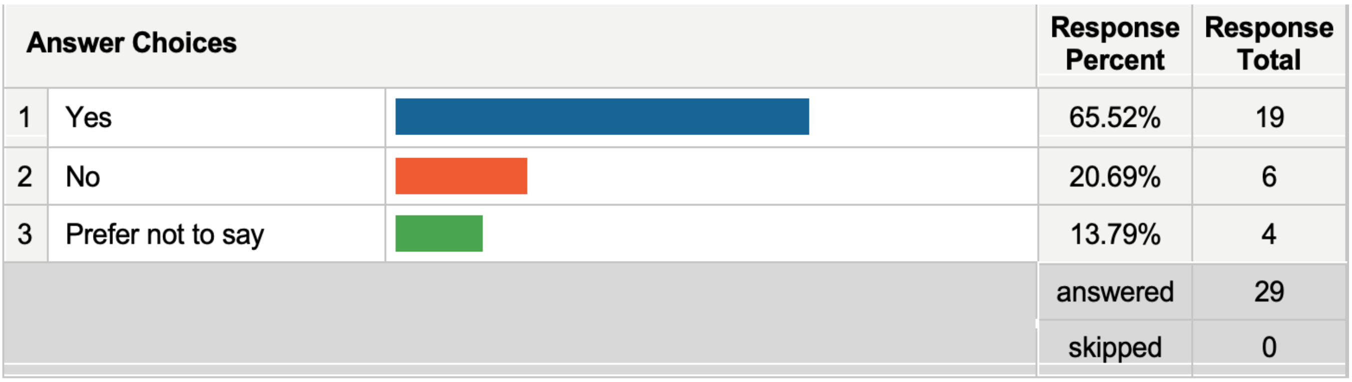
Autism and ADHD were the most frequently reported diagnoses, often overlapping with other neurodiverse and mental health conditions—highlighting the complexity and co-occurrence many patients experience.

Autism spectrum disorder was the most reported at 69%, this may be due to the higher level of diagnosis of autism disorders nationwide and locally as well as due to bias where these groups engage in health awareness initiatives more widely. In addition, there is a more prevalent number of groups in Croydon which support autism in adults and young people. ADHD was the second most reported condition at 41.38%, which much overlap with autism conditions concurring with the known co- occurrence between the two. Three conditions Dyslexia (20.69%), Dyscalculia (6.9%), and Dyspraxia (6.9%) where least reported but were significant. In addition, we ask if there were any other additional conditions no listed that needed to be recorded, see below:

- Mild stammer
- Tic disorder – motor tics (not vocal)
- Generalised Anxiety
- Bipolar I
- Complex PTSD (CPTSD)
- Dysgraphia
- Schizophrenia
- Emotionally Unstable Personality Disorder (EUPD)
- Depression
- Cyclothymia
- Generalised Anxiety Disorder (GAD)
- Post-Traumatic Stress Disorder (PTSD)
- *(n/a – no condition specified)*

These findings highlight a significant overlap between neurodiverse conditions highlighting a need for health professionals to treat such disorders more holistically and further understanding the intersection between neurodiversity and mental health disorders.

2. Have you been diagnosed with a neurodiverse condition?



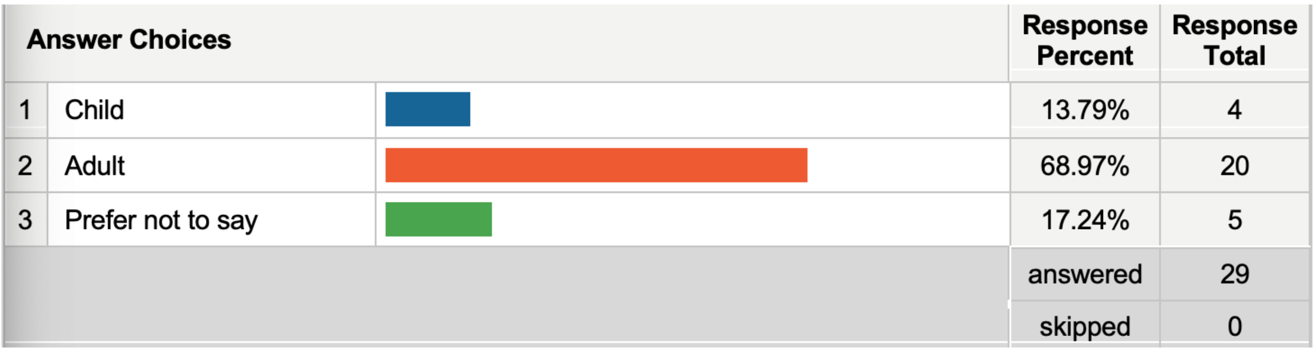
Answer Choices			Response Percent	Response Total
1	Yes		65.52%	19
2	No		20.69%	6
3	Prefer not to say		13.79%	4
			answered	29
			skipped	0

While most respondents had received a diagnosis, a significant portion had not—suggesting possible barriers such as stigma, lack of trust in services, or uncertainty about the value of a formal assessment.

Results here highlight that two thirds of respondents have received a diagnosis and a third with no diagnosis at all within an adult respondent group. In addition to four respondents who did not wish to disclose.

This suggests that there may well be some people who sense they are neurodiverse but do have not been able to receive a diagnosis to confirm this. As a result. their daily lives are affected and may limit their ability to get help and support Others may not want to disclose for reasons of stigma.

3. Were you diagnosed as a child or an adult?

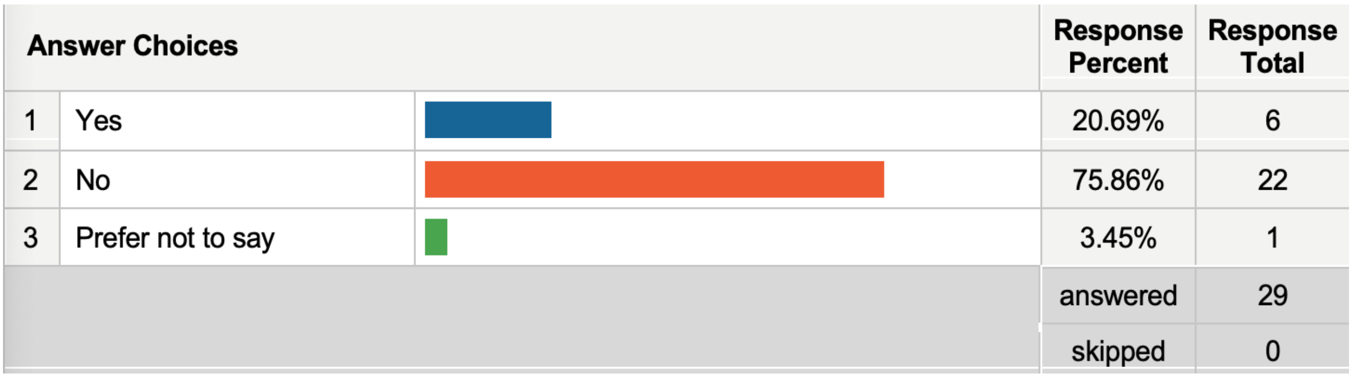


	Answer Choices	Response Percent	Response Total
1	Child	13.79%	4
2	Adult	68.97%	20
3	Prefer not to say	17.24%	5
		answered	29
		skipped	0

Most respondents received their diagnosis in adulthood, reflecting wider issues around childhood underdiagnosis, school-based barriers, and the stigma still associated with late identification.

The data here indicates that most diagnoses occurred in adulthood, with only 14% diagnosed during childhood. This may reflect the known underdiagnosis or misdiagnosis of neurodiverse conditions in children, possibly due to confusion between personality traits and neurodiversity. It may also point to limited access to child-focused assessments in schools and a general lack of awareness within educational institutions. A small number of respondents did not wish to disclose when they were diagnosed, which may suggest stigma or embarrassment—particularly around receiving a diagnosis later in life as an adult.

4. Thinking about your diagnosis, do you feel that you were offered advice and a diagnosis in a timely and informative manner?



Answer Choices			Response Percent	Response Total
1	Yes	🟦	20.69%	6
2	No	🟥	75.86%	22
3	Prefer not to say	🟩	3.45%	1
			answered	29
			skipped	0

Most of the respondents (76%, 22) felt that they are not adequately supported with their diagnosis as well as the advice given. Only a few (21%, 6), felt they had ben did not suggesting gaps providing advice and support through the diagnosis process. Several factors may contribute to this including a lack of sufficient signposting and inadequate communications from health services.

5. How long did you have to wait for an assessment or diagnosis?

Many respondents faced long waits or unclear pathways to diagnosis, with some turned away—highlighting unequal access and the need for better recognition of less visible neurodiverse traits.

Only four respondents had waited less than a year, with seven waiting one-to-two years and four waiting two years or more. Four still had not had a diagnosis and five had decided to take a private diagnosis route, which is less likely to have a long waiting time. Three had received a diagnosis through work which shows the benefit of employer support but is unlikely to be offered to employees in smaller organisations. This variance in waiting times reflects the inequalities in the adult diagnostic pathway This suggests that the access to a diagnosis is not equitable and may be impacted by factors such as resident geography or the overt presentation of an individual's neurodiverse condition. and the need for more transparent, swifter and fairer access process for access NHS diagnosis.

Category	Number. of respondents
Less than 6 months	2 (1 month, 2 months)
6–12 months	2 (9 months, 13 months)
1–2 years	7 (includes 1.5 and 2 years)
2–4 years	2 (4 years, 3 years)
Over 4 years	2 (7 years listed, 30 years delayed diagnosis)
Still waiting / denied	4 (e.g., “still waiting,” “won’t assess,” “wasn’t able to get one”)

Went private to avoid wait	5 (not quantifiable timewise but thematically strong)
Diagnosed via education/work	3
N/A or unclear	2

Responses

Please note responses have not been edited to maintain authenticity so contain typing errors.

“2 years.”

“2 years.”

“3 years.”

“13 months (Surrey GP at the time, not Croydon, in 2017).”

“30 years, but were in Essex at time and in 1980's”

“Paid privately so waited a few months.”

“I think it was months as the assessment was done via my employer and I was appealing, (Dyslexia).”

“I spoke briefly to the GP, and it did not go any further. So then went to see private assessment in 1999 when I was 55, and it was £350 which was cheap, then the pandemic came I looked at it again now its 2022 I looked again (I'm 55 years old), private organisations and it was £995, and so I needed that validation as I run Inaspectrum, so I went for the autism so got my diagnosis from there, as the GP/NHS dismissed my explanation.”

“Not diagnosed until adulthood.”

“2 Months (but back in 2008!)”

“I paid privately as the NHS waiting times were over 2 years.”

“2 years.”

“2 years.”

“1 month – (was being seen by a MH team under CAMHS at the time).”

“1 month, this was quick since I was in CAHMS (17 years old when tested and diagnosed).”

“I'm still waiting. I'm told that they won't put me through the assessment process.”

“2 years – ADHD, 1 year ASD by using RTC. 7-year ASD waiting list via NHS.”

“I wasn't able to get one.”

“Had to go private.”

“4 years.”

“Still waiting”

“9 months.”.

"Have not been given one as adult, when mention just agree that I have dyslexia as was picked up at adult education through a small test at the college."

"2 years."

"I was in my early 20s on a college course and my tutor noticed and diagnosed me. I was getting overwhelmed and she noticed it."

"Been waiting 1 and a half years, been told I will wait around 4 years."

6. What challenges do you face in general as a result of your condition?

Many participants described daily struggles with executive functioning, sensory overload, and social interaction—often leading to stress, burnout, and difficulty navigating healthcare and work environments.

As significant number struggled with everyday tasks related to executive functions which led to problems such as anxiety, stress as well as low self-esteem. These executive functioning challenges related to organisation, time and task management. There are other challenges including reading and writing confidence which can be especially challenging when engaging with forms and leaflets within health services. Participants also described struggles with communication and interpersonal relationships, both work and social which could result in physical symptoms such as nausea. Factors which for some are exacerbated by environmental sensory overload contributing to being overwhelmed and burnout. Some participants noted the difficulty in maintaining employment which affected numerous aspects of their lives, whilst cited pressure of presenting as neurotypical.

Challenge Category	Number of Respondents
Executive dysfunction (organisation, time, task management)	12
Social interaction and relationships	10
Sensory overload and environmental stress	8

Emotional and mental health (anxiety, depression, burnout)	10
Communication and expression (speech, writing, comprehension)	8
Reading, writing & literacy difficulties	7
Employment or education transitions	5
Practical life management (finances, appointments, hygiene)	6
Feeling dismissed or expected to be neurotypical	4
Critique of medical model / systemic barriers	2

Responses

Please note responses have not been edited to maintain authenticity so contain typing errors.

“Crippling social anxiety, executive dysfunction, stammering, struggling with changes in my routine, difficulty in forming long-term relationships, and friendships, sensory overload and shutdowns, sudden outbursts.”

“Compared and expectation same as non neurodiverse people. Poor coordination. Anxiety when in presence of unknown people/ situations. Very rigid. Food intolerance. Unable to fully understand peoples emotions. Very truthful. Speak my mind.”

“All things to do with executive dysfunction, so: organisation, prioritising, decision making, planning, time management. Then internal feelings of inadequacy which pre diagnosis and support lead to depression and poor self image, eating disorder and poor self belief in terms of work.”

“Well supported at work through Access To Work provision. Home/ healthcare administration is particularly hard.”

“1% reading speed, tying very challenging and unable to use spellcheck as spelling so bad. Takes 10 times longer to complete and anxiety on forms and technology.”

“Too long to answer. Can be summed up that I am expected to be neurotypical. But I am not.”

“Generally in writing, and organisational skills. The Dyslexia institute helped me to manage it better, no interaction with GP or NHS.”

“When I got the diagnosis at 55 years old it was a good really feeling I even wanted to cry, communication is a issue. When I was 30s and 40s, I would say a sentence and expect people to understand where I came comming from and now I am better in structuring sentences, I am a loner which suits me, but also like to be social but not really leading things. Maybe also self harm, when growing up I used to use nail clippers it was like pausing a pause in the situations I was in around relationships in my early youth. It (the condition) can give you a overwheamling feeling but it was not in serious way. But then in later in life whn I needed to look after my wife (dementia and parkinsons), so interesitly doing the self harm in younger years helped me to get to the top of the list to help with CBT theapy in dealing with helping her.”

“Difficulties with numbers.”

“Everything - social interaction - stress - change - reading emotions.”

“Social anxiety, panic attacks.”

“Lots of things.”

"Mainly autistic overload. Anxiety and depression.”

“Tiredness, can be hard to transition e.g between school and uni / uni and work (executive dysfunctions)..sensorineural overwhelm by day to day life. Nausea can result from overwhelm (sensory overwhelm). Burnout and fatigue. Generally harder to keep relationships and job in some cases.”

“Transition out of edcation was challenging, including employment. Often require more breaks and processing time. Social clnection is hard due to misunderstanding and people often perceive autistic people as rude, aloof or unapproachable. Socially connecting to others and forming relationships and friends with others. Generally need alot of time alone and social activities lead to fatigue. Autistic burnout means I have high and chronic feelings of fatigue, both physically and mentally and cognitive tasks such a writing and reading take longer. I get easily overwhelmed by travelling out and about and being in busy places.”

“Lack of ability to get things done. Constantly losing jobs.”

“Organisational challenges, impulse control, procrastination- general ADHD stuff made worse by hormonal fluctuations.”

“Difficulty managing life tasks.”

“Not being able to make friends and make people like me.”

“Really, just a single line box for this??!"

“Difficulty with finances, socialising, unemployment.”

“Find loud busy environments overwhelming.”

“Focus, information overload, planning, rejection sensitivity.”

“Writing, speech and understanding at times. some things feel like a say t backwards as people look and say what do you mean. I know what I mean but it does not come out that way.”

“Sensory processing disorder, sensory overload, forgetfulness & social communication problems.”

“The over reliance upon the medical model of neurodivergence.”

“It takes me a year and a day fo fill out a form that usually takes half an hour. I write little notes on my phone. My phone helps me spell words, helps a lot. I wish I had it when I was a child. I think it has stopped me getting office jobs. I struggle with reading and writing.”

“Difficulty reading through boring or needlessly convoluted forums or posts (Esp. job applications or arranging meetings).”

“This is very hard to answer as it affects every aspect of my life, it basically makes even small tasks difficult. It's hard to go out, time keeping is difficult. People often find it hard to understand what my meanings when I think I'm being very clear. So I find it difficult to express myself so I don't feel comfortable in public most of the time. There are so many things I just can't lost them. From cleaning my teeth in the morning to getting to appointments.”

7. As a neurodivergent adult, what challenges have you experienced when accessing health and social care services?

Many participants felt dismissed and struggled with communication when accessing health and social care, emphasising the urgent need for tailored, neurodiversity-aware services and holistic mental health support.

Category	Number of respondents
Poor communication / lack of understanding by professionals	10
Not being listened to / dismissed	8
System complexity / hard-to-navigate services	8
Lack of neurodivergent-friendly or adapted services	7
Difficulties with forms, phone systems, or tech barriers	6
Long waiting times / delays in access	5
Overlap with mental health misunderstood or deprioritised	3
Positive or neutral experiences	3
Feeling forced to mask or 'act neurotypical'	2
Cultural insensitivity / lack of diversity in care	1

Most participants detailed significant difficulties in interacting with social care and health services, describing feelings of being dismissed by healthcare professionals coupled with difficulty in communicating their healthcare needs. Some respondents described being laughed at, and others describing being spoken down to and not being taken seriously, reflecting the need to ensure all health professionals have necessary training about neurodiversity to support their health needs of their patients. These outcomes resulted in numerous respondents feeling the need to self-advocate for their health needs in an already difficult to navigate health system for this cohort with some feeling overwhelmed and unable to gain access to the help they need.

Participants spoke of a system that was not suited for neurodiverse individuals and about complexity around booking appointments practically with digital systems. This was due to perceived complexity and not understanding healthcare forms increasing distress when accessing GP appointments. One participant detailed that the NHS is 'structured to deter engagement', as well as others noting that it was easier to go straight to A&E if they needed help. Numerous participants highlighted the lack of services that were adapted for neurodiverse individuals especially for autistic adults where standardised talking therapies were described as unsuitable and overwhelming, suggesting alternative approaches such as art therapy, animal assisted therapy and quiet spaces. The comments also highlighted significant overlap with poor mental health which highlights a need to treat neurodiversity more holistically with a strong consideration on the overlapping mental health outcomes such as stress, anxiety and depression.

Responses

Please note responses have not been edited to maintain authenticity so contain typing errors.

> "NHS Mental health services are often not very autism friendly or needlessly confusing to navigate."

“GDPR gets in the way of receiving appropriate support. Views of carers and family and friends ignored. Support not timely. Lack of cultural understanding. Not enough culturally diverse management. My ideas, information and facts ignored.”

“I find it challenging staying on top of doctors appointments when my doctor gets things wrong/they are overworked and busy and I have to rearrange things.”

“Navigating complex/timebound ways to contact my GP via online services. Unclear comms as to what will happen at appointments. Fears of being diagnosed with 'hysteria' / FND when reporting tics. NHS not able to take a holistic view of symptoms.”

“Having to use technology to book makes anxious, DWP want detailed reports and meetings, despite support from CAB pulled out given process complexities and told 'as you do voluntary work you are OK and do not need support', also spend weeks on CV and told no good!!!.”

“I have to try and act neurotypical for them to understand me. When I had cancer I was told off a couple of times by senior medical professionals for asking the wrong thing, doing the wrong thing. Mental capacity assessment during pregnancy. No autism mental health services locally.”

“I have been working on myself for years and years, and was assessed by a psychologist for dyslexia, but nothing has held me back within engagement with the GP and hospital as I have never been seriously ill.”

“I think I have been very fortunate. I am good at doing things for others. GP rang me back so that was good. For myself, I have kidney issues and find it easier to go to A&E than GP for some things. Appointment delays make managing medication difficult.”

“Dealing with phone numbers, NHS numbers.”

“It took a court case to get PIP benefits.”

“Long waiting lists, some communications are unclear or confusing.”

“No help.”

“None really.”

“Generally me with empathy and care but lack of understanding leads to less useful support suggestions. Overlap between mental health and diagnosis means one is prioritized over the other, keeping mental health cycle going. Lack of individual understanding.”

“Therapies like talking and social prescription aren't helpful due to being highly social. Quiet space, alternative art or animal therapies would be better. Lack of groups for higher functioning autistic people leaves me feeling hopeless.”

“I can't get access to them.”

“Communication differences, sensory issues, anxiety.”

“Yes, long wait.”

“Not being understood.”

“Had to do it all myself!”

“Being believed when presenting symptoms. Finding a consultant or doctor who actually listens.”

“Not adapting treatment plans to how my brain functions.”

“Lack of quality information from NHS.”

“Nothing really because forms are all the same and made same for everyone, assuming everyone can read the same print/font or online.”

“My GP dismissing the support I would get, appointments getting postponed or cancelled, dealing with unprofessional staff and medication shortages.”

“Getting in front of the right people and not being listened to."

“Sometimes doctors don’t understand. When I don’t know how to pronounce something my phone tells me, but I think they won’t understand so I bottle it up.”

“It often feels like the system is structured to deter booking appointments.”

8. What health and social care services have you used?

GPs and mental health services are most used, highlighting complex needs, while social work is rarely accessed—suggesting limited awareness or eligibility.

Service Category	Examples Mentioned
GP services	"GP", "Local GP", "Doctors", "GP websites", "Only my GP"
Mental health services (inc. talking therapies)	"Talking therapies", "Mental health nurse", "SLAM", "Monthly therapist", "Sectioned wards", "Mind"
Hospital/outpatient services (general)	"Croydon University Hospital", "Mayday", "CUH", "A&E", "Radiology", "Neurology", "Oncology", "Outpatient for medication"
Social care services (formal)	"Croydon social services", "Social worker visits", "NHS social care", "DWP"
Specialist clinics and services	"Gastroenterology", "ADHD clinic", "Orthopaedics", "Diabetic consultant", "Gynaecology", "Breast team"
Creative/voluntary services	"Turf Projects", "Mind social groups", "Art groups", "Bethlem Gallery"
Dental/optical	"Dentist", "Optician referral", "Moorfields Eye Hospital"
Pharmacies and prescriptions	"Pharmacies", "Repeat prescriptions via GP"
No or unclear service use	"None", "Not sure what you mean", "Have not used social care", "There isn't enough support"

GPs are the most used health service amongst participants, and respondents seem to have mixed experiences but note their central role in accessing other services they need such as mental health support. The second most accessed service is mental health services indicating that such services are heavily used by neurodiverse individuals especially within more specialist remits such as inpatient wards.

Hospital outpatients were heavily mentioned which highlights the complex overlapping physical health needs which may be more prevalent in neurodiverse groups further highlighting the importance of ensuring hospital wards are suitable for neurodiverse individuals. Interestingly only four respondents mentioned social work services possibly indicating a lack of awareness of the services they offer, limited eligibility or poor past experiences. In addition, voluntary group services based in arts were described to be safe and supportive environments.

Responses

Please note responses have not been edited to maintain authenticity so contain typing errors.

“NHS social care services, for when a social worker comes round to the house.”

“Croydon social services. Local GP.”

“Access to work.”

“GP. Neurology at Croydon University Hospital. Gyno at Croydon University Hospital.”

“GP, talking therapies, sectioned wards, monthly therapist, DWP.”

“In my whole life? GP, counselling, mental health nurse, oncology, midwifery, gynaecology, radiology, dentist… I'm sure there's more.”

“Apart from engagement with assessments at work 35 years ago, not really had used services too much but have used hospital, doctors but I ignored them as they were telling me it was all in my head. But I don't feel that my dyslexia and autism, as I am less emotions and more logical.”

“Not that much over the last two to three years, the benign prostate, I had a scan and a biopsy and CUH, the GP is very good at offering talking therapies but not felt that I needed to use that. I was getting flashes in my eyes at night, first of all I went to A&E and they referred me, so the receptionist referred me actually to opticians, instead of waiting for Moorfields. But I ended up getting glasses, but it is not fixed and I have had all the tests and so I think there may not be a problem. I have difficulty using the NHS app, sometimes I can get the health records for my wife, but mine I cannot get. But with the repeat prescriptions I can do that on the GP websites and that is easy.”

“Mayday Hospital.”

“Was diagnosed in Croydon NHS.”

“GP services.”

“None because there isn't enough support.”

“I haven’t used any social care services. I use the NHS hospitals and NHS GP.”

“Collective (Part of Turf projects), Mind (Boxersize and socials). Art groups.”

“The Autistic Youth Hub, part of Turf Projects 'A Collective' in Croydon. The Bethlem Gallery space includes workshops and welcoming for those who have mental health difficulties. Active Mind Croydon. GP.”

“NHS, Talking Therapies.”

“GP, breast team at CUH, dentist, talking therapies.”

“None”

“Only my GP.”

“Outpatient services for medication management.”

“Gastroenterology. Mental health services. Orthopedics. Cancer services.”

“SLAM”

“NHS”

“GP, ADHD Clinic, Mental health services and Mind.”

“GP, NHS etc”

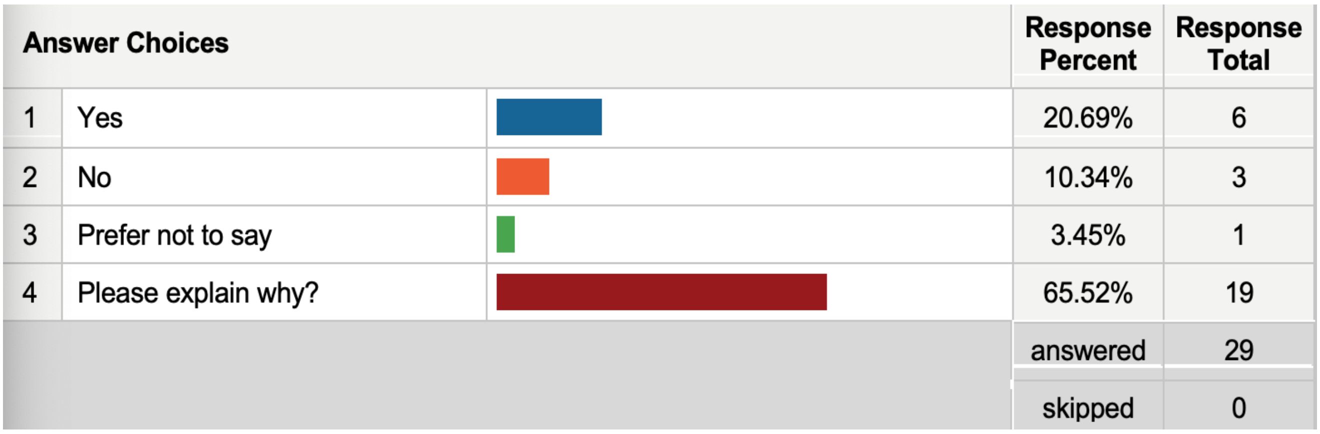
“GPs, pharmacies, hospital.”

“Only the main GP.”"

“I use the GP, I'm diabetic so see the diabetic consultant and Moorfields Eye Hospital. Dentist. Mental health services.”

9. Did you feel listened to during your interactions?

Feeling listened to often depended on knowing how to navigate the system, with many reporting minimised concerns and poor understanding of neurodiversity by healthcare staff.



Answer Choices			Response Percent	Response Total
1	Yes		20.69%	6
2	No		10.34%	3
3	Prefer not to say		3.45%	1
4	Please explain why?		65.52%	19
			answered	29
			skipped	0

Codes	Frequency
Not being listened to / feeling dismissed	8
Lack of understanding/ training in neurodiversity	6
Rigid communication styles / preset or irrelevant questions	5
Miscommunication between neurodivergent individuals and neurotypical staff	4
Negative practitioner attitudes (patronising, contemptuous, uninterested)	4
Inconsistency between practitioners / variable care	4
Trauma triggers / lack of trauma-informed approaches	3
Lack of service knowledge / inability to signpost	3
Lack of emotional support / lack of warmth or empathy	3
Positive experiences with specific individuals (e.g., one good GP or caseworker)	3
Misuse of historical records / not respecting patient updates	2

Feeling judged or assumptions made based on diagnosis	2
Anxiety before appointments	2
Need for clearer explanations or multiple-choice questions	2
Overlooked carer/family input or support role	2
Lack of support from employment or benefits-related services (e.g., ATW, DWP)	2

Most participants said that they felt listened to, but there is nuance. Those that felt listened to caveat their response by mentioning that they knew the system and this is why they felt heard. Those that had negative commentary detailed that they knew how to navigate the system and therefore were at an advantage in this respect.

Many respondents highlighted that they felt their concerns were minimised by health professionals and interactions lacked empathy. Furthermore, the cohort of respondents also made mention of systematic gaps in understanding neurodiversity where there was a perception of healthcare staff offering misappropriate advice. There were also complaints around the mismatch of communication styles with regards to not being understood and too much variation of health professional impacting continuity of care.

Responses

Please note responses have not been edited to maintain authenticity so contain typing errors.

> “The social worker was understanding and did seem to know a fair bit about autism, but would sometimes prompt me for an answer, even

when I couldn't give a full one due to slow processing or anxiety. Plus, did feel like she was reading from a pre set list of questions, or talking over me rather than listening at times.”

“Tend to give more weight to outdated historical information rather than what I tell them.”

“They are not trained or experienced in my condition therefore lack understanding of my challenges.”

“My challenges not taken seriously.”

“Staff unfamiliar with support in community therefore unable to signpost or make a referral.”

“Staff think they know what is best and refuse to do as I ask.”

“They treat my carer and family with contempt if they try to speak on my behalf.”

“Unsure of what services can and should provide.”

“Most staff lack basic trauma based training and trigger me which messes up my mental health.”

“I get very anxious before appointments because I know what to expect.

”Yes and no. Access to work were at first very patronising about my explanation of the things I struggle with, and didn't seem to have an understanding of neurodiversity at all. One case worker replied to me one day saying 'ADHD is not something you can turn on and off' as if I had or would ever suggest that (when actually what I was asking for was more support because, exactly as they say, I can't pick and choose which work days I will live with my brain or not), which distressed me a lot. But once I was assigned a different case worker I was awarded a brilliant support fund from ATW."

“Hard to say, care changes from practitioner to practitioner.”

“They just looked for reasons to say no. As given your job 'you will never get this pay', you will never get a job in mental health and you don’t need support;.........despite just coming out of being sectioned and unable to work due to psychosis, black depression, suicidal thoughts......just because I could turn up to volunteer....but needed 6 armed police to bring me in!!!!.....DWP need training in mental health and not just reject. My wife, no divergence or health issues, meeting after, me got a 'chat' about the menopause and signed off to get paid as job seeker.”

“My wife is actually my carer.”

“There's just a miscommunication between me and NTs. It's hard to explain as I don't understand why they're doing the things they are, any more than they do me.”

“As there was a mis-match between what I was telling them and what they were advising me. They should really extract the diagnosis from the person and look at the information first and the evidence of the illness at hand. The healthcare professionals may assume things based on my neurodiversity, healthcare professionals need more training. It's hard but get them to think differently and it is the same in the work environment too.”

“Yes I did as there was an outcome that I appreciated, and I get more confident in dealing with them, so it was positive, so it helps a lot knowing the system. And the doctors are really good we are at <<named>> GP.”

“Sometimes - some people are sympathetic others not.”

“Only from one GP though. Others appear disinterested.”

“No one listens or offers actual help.”

“Sometimes. Sometimes the group was just come and go as you like but feedback sheets were used. Though sometimes feels like a slower pace and a discussion to meet people's needs may be more useful rather than individual feedback sheets.”

“Not sure what the question means as not explained very well. Examples may help or to use a multiple choice and then could add more information.”

“Sometimes. It varies from professional to professional.”

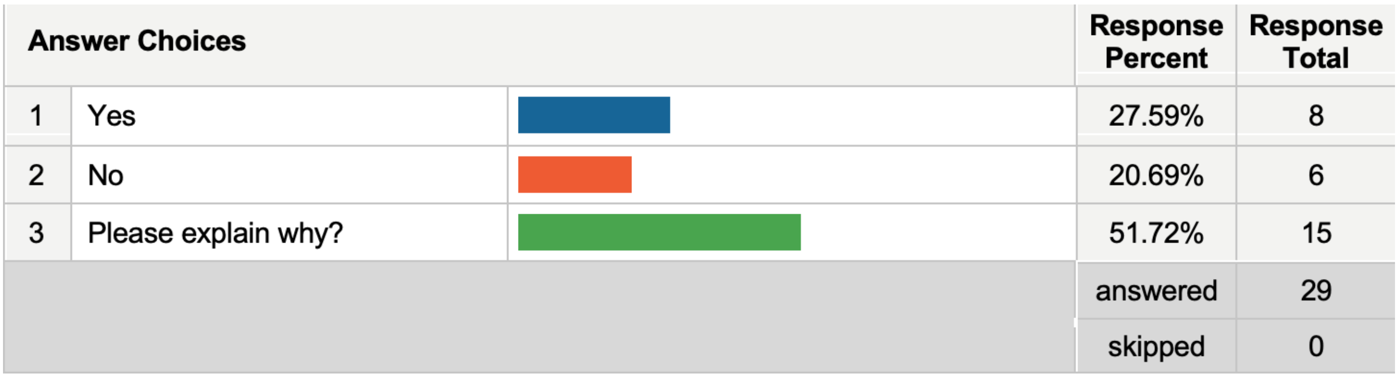
“When I went to the doctors she did but it felt a bit hurried.”

“In the same way House listens, like he heard you but it's too much effort to look at you as he shoves you back out after a 5 second check up.”

“I often feel that doctors etc will assume I mean one thing and go with that even if I keep trying to explain that's not what I'm talking about. And as I say I just don't feel listened to.”

10. Were you given enough time to explain your situation?

Most did say that they had enough time to speak to their healthcare professional but when explaining why they still felt rushed or did not have enough time. Some had inconsistent experiences and felt they were not being listened to or recognised, or there was a lack of understanding.



Answer Choices			Response Percent	Response Total
1	Yes		27.59%	8
2	No		20.69%	6
3	Please explain why?		51.72%	15
			answered	29
			skipped	0

Codes	Frequency
Appointments feel rushed / not enough time to explain	6
Inconsistent experiences (varies by practitioner or situation)	4
Not being listened to / responses disregarded	3
Limited professional understanding due to lack of training	2
Felt misunderstood or misjudged (e.g., assumed to be calm/unaffected)	2
Limited opportunity to explain due to short answers or time constraints	2
Structured services (e.g., classes/drop-ins) lack individual understanding	1
Assumptions based on work/ family mask neurodivergence	1
Positive experience: relevant questions and space to express	1
Didn't need to explain (specific to treatment context)	1
Participant persisted to clarify assumptions	1

Many respondents detailed that they did have enough time to explain their situation. However, those that answered yes also described still not having enough time to fully explain their health concerns, indicating that in fact the respondent was not receiving the time they needed to explain their health concerns. Of those respondents who said no many described not having enough time to talk, particularly for GP appointments. For some it was not just about the time, that understanding and compassion was also lacking which contributed to reporting feelings of feeling invalidated and becoming frustrated. Some participants suggested alternative forms of communication to remedy frustrations including longer appointment times and training for health practitioners.

Responses

Please note responses have not been edited to maintain authenticity so contain typing errors.

“It is not about time it is about understanding which is limited by the professional experience, training.”

“Yes and no. Because it feels like ATW are always trying to catch you out it feels unorganic and rushed. But essentially yes i had a form with lots of questions where i could express myself.”

“10 mins based on call not expected and nobody with me.”

“It's always a rush and my questions are often disregarded. Last consultation I had with a GP I was given three referrals. I asked quite calmly if I needed to do anything more, or wait for the appointments to come through to me. I was just told to calm down and not given an answer. I was calm. I don't understand.... This is just one example. There are loads."

"Think is that I would then persist, as I can pick up on where healthcare professionals have made presumptions then I would persist to ensure they understand."

"Yes as my answers are really short, and I may not have explained myself properly, but there more time at the end."

"Did not need to explain for the treatment I was receiving."

"I think because I work and have a family people are unaware that I have autism."

"The classes or the drop in are usually more general in structure and activities are prioritised over and above understanding people on an individual level. Not much time then to explain and sometimes not the right time given."

"Mostly."

"Varies"

"Appointments are so short."

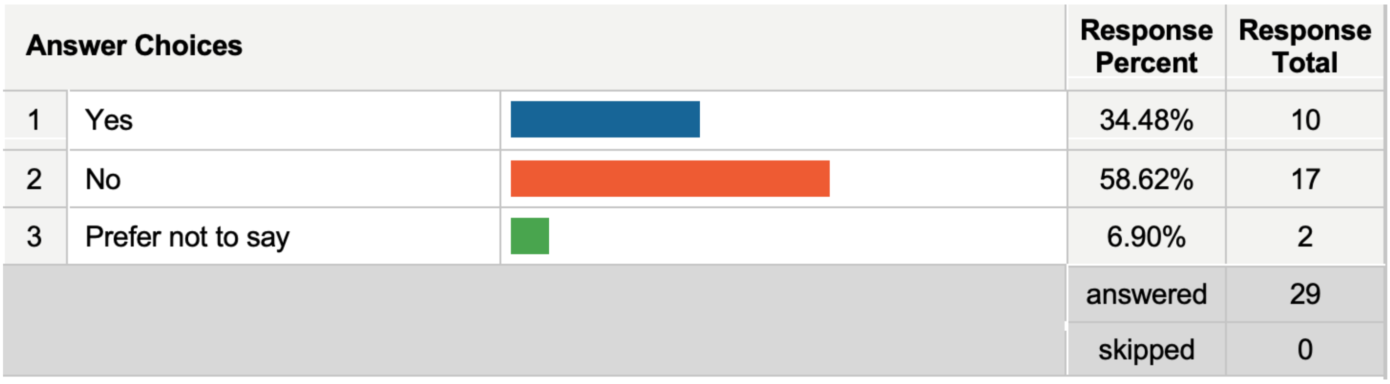
"I was asked relevant and expansive questions, and given space to express myself."

"Sometimes I go and I feel rushed, sometimes I go and feel listened to. It's 50/50 really."

"I never seem to have enough time to explain everything and the fact they don't listen just exacerbates the problem.

11. Did the person you spoke to seem to understand the challenges you faced?

Most respondents felt misunderstood by health professionals, highlighting gaps in knowledge, lack of empathy, and system-level failures in recognising neurodiverse needs.



Answer Choices		Response Percent	Response Total
1	Yes	34.48%	10
2	No	58.62%	17
3	Prefer not to say	6.90%	2
		answered	29
		skipped	0

Codes	Frequency
Limited or surface-level understanding of neurodiversity from professionals	6
Inconsistency in care: experiences vary depending on the practitioner	5
Lack of training, empathy, or awareness about neurodiverse and mental health needs	4
Assumptions based on functioning or invisibility of condition	3
Feeling unheard, dismissed, or rushed during consultations	3
Rigid, overly bureaucratic systems that miss nuance or personal context	2
Need to educate professionals about one's own diagnosis or challenges	2
Dismissal of family/carer involvement	2

Most respondents described not feeling understood by health professionals, highlighting significant gaps in the knowledge practitioners have in relation to treating neurodivergent disorders. Comments revealed that participants felt that health professionals lacked basic understanding of ADHD, dismissed lived experiences, made irrelevant or inappropriate questions and seemingly worked within rigid frameworks devoid of empathy. Participants commented on the lack of warmth and active listening, and patient often offered their own insight to health professionals on how to treat their neurodiverse condition.

Others described a systemwide level failure where all practitioners do not understand the mental strain of a social interaction, especially when patients have at times presented as neurotypical and practitioners let their current perception of the patient override the seriousness of their conditions within their day-to-day life.

Responses

Please note responses have not been edited to maintain authenticity so contain typing errors.

"Please see previous answers, if they don't listen how are they able to understand."

"This seems more like a 'somewhat' rather than a binary."

"The doctor did."

"It varies from professional to professional. Some ADHD nurses and psychiatrist were better than others."

“Not really.”

“I rarely talk to people about my challenges. And as explained bove often employers and the GPs do not fully understand. Especially since it is an invisible disability and people with autism can present with a spikey skills set. Meaning they appear very skilled in some areas. Thus leading people to assume overall good functionality in all aspects of life. They don't understand the mental strain social interactions and the nuanced aspects of autism which can differ per person. In school the pastoral carer didn't believe I had autism, likely because I was doing well academically. The school system was not able to help me transition to the world of work and increased independence where there is less structure and routine, especially in transitional periods upon leaving school.”

“Of course individuals in the group really accomidated to and were lovely and patient with people. I think again the overlap with mental health conditions was more easily dismissed- and got the sense it wasn't as easily considered. Less understood. Not sure really the alternative, overall the pace and accomidations made in the classes /groups seemed to hint at understanding so that was very nice.”

“Maybe because I am proactive in my healthcare and am also a healthcare professional.”

“I did not need to explain this for treatment.”

“Yes, I think it was during the pandemic when I was given citralpram and so the doctor knew my wife and my situation and it was very straightforward.”

“I think they understand that it exist as a healthcare professionals but they dont really understand the challenges as everyone is different. The system finds it difficult to understand the limitation the person is going through, they always work to framework without looking at the person.”

“Since finding out I'm ND, I have been told by health professionals that they have learnt a lot about it from me. I'd love it to be the other way around.”

“As if looking for evidence not to pay”

“atw have no idea what neurodiversity is. They don't seem to understand any disability. When my deaf friends ask me to call on their behalf they can't seem to understand why a deaf person can't talk on the phone. It's basic level understanding?!”

“Lack of understanding.”

“ Lack of empathy.”

“Lack of training.”

“Lack of sympathy.”

“They dismiss my feelings.”

“If my family/ friend try to support me to explain I feel they are ignored.”

“Did think that the last social worker who visited had only a surface understanding of autism, and didn't seem knowledgeable about things like stimming or social anxiety, and had to explain those at length to her. Plus, some of the questions seemed a bit irrelevant or overly bureaucratic, like asking if I'd ever had a long term relationship or been married, and perhaps could have been tailored to be more relevant to my experiences as an autistic adult. Also, she was generally friendly but did rush me at times, and would have preferred to have been given more time to answer some of the questions.”

12. What support do you feel you need in relation to your neurodivergent condition?

Participants highlighted the need for diverse, long-term, and culturally aware support tailored to neurodivergent needs.

Codes	Frequency
More time and patience in healthcare appointments	5
Support navigating systems (benefits, forms, administration, education, etc.)	4
Frustration with binary/irrelevant questions that don't match ND experiences	4
Need for formal diagnosis pathways and post-diagnostic support	3
Transition support (school to work, life changes, illness, independence)	3
Desire for culturally competent and better-trained staff	2
Mental health support specific to ND needs (e.g., long-term therapy	2

This question highlighted the diverse set of needs for the neurodivergent community, the responses from participants included factors such as better trained health professionals, employment support, mental health support and help with benefits and council tax. Some respondents noted the need for culturally aware staff that are specifically trained in the health needs for any given neurodiverse condition. Others identified a need for more long-term ongoing interventions which would support a neurodiverse condition such as subsidised gym access, and alternative forms of long-term therapy that is not CBT. These points rationalised a need for more diverse interventions for these groups within the neurodiverse umbrella. There were also comments on suggestions that would alleviate executive functioning strain to help with challenges with administrative tasks related to healthcare and reasonable adjustments on written and verbal communications. In addition to planned healthcare to support neurodiverse conditions mapping out forecasted needs across a individuals life course.

Responses

Please note responses have not been edited to maintain authenticity so contain typing errors.

"I'm not really sure what is available."

"Well, firstly it'd help to be able to get formally assessed rather than having to self diagnose. Self diagnosis doesn't get me healthcare, since we lack an informed consent system."

"A bit of understanding and more time. I don't like to feel like bothering people."

"People to be patient, written instructions."

"More time in appointments and patience from the doctor/consultant."

"This question isn't binary!"

"I'm nearing the end of my life now and have learned to live with the way I am."

"Help with benefits such a council tax, etc."

"A formal diagnosis is needed."

“More support for young school leavers and preparation to leave school. Please present autistic pupils with all possible routes and better explain thier options rather than assuming university is suitable. More apprenticeship traing and general training on the job should be available. People with autism should feel able to disclose thier diagnosis, but that employers shouldn't reject them on this ground, even if the role is public facing.”

“Support with work and given support to be trained in jobs first and foremost. To help me transition between education and work. Support also with transitions in general but that's where trainee ships can be helpfull. Also workplace support mentors and weavers/care plans should be funded more easily to allow a sustainable transition to a workplace over time.”

“If I became very ill and not so articulate I would hope that I would be offered additional support.”

“"To not be given the impression I am stupid for not being able to cope with numbers and maths".”

“No I dont really need support and I know who I am, and my communication has improved a lot and so we have OT and district nurses and everything so it is really good.”

“I dont as much as I used to, if I do need something its around reading, writing and spelling. So I have friendsd, family and colleagues to help me, and now you have grammer stuff and AI stuff it is super helpful now.”

“Peer support - with very clear information about what the group will be like, the sorts of people who attend, pictures of the venue, is it facilitated and if so by an NT or ND. Mental health services specific to someone ND - doesn't exist in my borough.”

“Extra time to complete, and person present to express and clarify issues.”

“Long term therapy that is not CBT. Access to free gym membership/similar to promote physical exercise as an effective therapy.”

“Support worker for administrative tasks.”

“Cultural and well trained staff. New approaches to treatment.”

13. Have you had information and advice un navigating your own wellness?

Most participants had not received wellness guidance, relying instead on self-led resources due to poor service continuity and condition-specific support.

Codes	Frequency
No meaningful advice or support received	7
Minimal or tokenistic advice given (e.g., links, apps, told to self-research)	4
Advice from non-professional sources preferred or used (friends, books, podcasts, AI, internet)	4
Advice/services not tailored to ND needs or designed for NT people, leading to irrelevance or disengagement	3
Transition from child to adult services poorly managed or unsupported	2
Received helpful support from a specific service (e.g., CBT, COAST, Dyslexia Institute)	2

This question identified that most of the respondents here had not received guidance related to wellness. Those who had named service mentioned the mental health trust, ADHD clinics, GPs and social care workers. The ack of wellness advice included lack of guidance related to their specific neurodiverse condition, poor follow-up support, and patients no longer engaging with services due to perceived poor service outcomes. The wellness support which this community outlined was self-led resources such as podcasts, AI, friends and books. A few of the respondents described how their transition from youth services to adult services was poor and they felt that after they turned 18, support had completely dropped off.

Responses

Please note responses have not been edited to maintain authenticity so contain typing errors.

“Have had some advice from social care workers, and also from a CBT course that I did with a psychologist at Maudsley Hospital in Denmark Hill. Took it after suffering from a stammer and anxiety attacks at university, and found that it generally improved my mental health and focus, and also reduced my stammering to more manageable levels. Plus, have been attending online community groups on Zoom like Inaspectrum, and also in person, which gave me an opportunity to socialise, discuss issues affecting me, and also boost my self-esteem and feel more supported and connected with other autistic people. Also have found it helps me to talk about issues that I might otherwise be reluctant to discuss, which is good.”

“From friends, podcasts, books, not a medical professional.”

“No.”

“Not on dyslexia.”

“Sort of. I went to an anxiety support group but it was based on NT people and gave advice about routines and going out that are not relatable for an ND person. I gave feedback each time then stopped going as I got no response. It is on my medical record that I 'didn't engage' which isn't true, and my referral to that service was closed.”

“No, only the Dyslexia Institute, I worked for HM Revenue so they really helped me, how to scan and read information so I can read a book better now, and I'm better at structuring information and learnt to understand better how my brain works now, there are still things but it's okay."

“No not from the GP, or pharmacy. I would go to AI first to get a more perspective on something and Amazon has made things really easy as you don't have to speak to anyone so the internet is my source of knowledge.”

“Only when I received my diagnosis.”

“Information isn't always that helpful.”

“No not ASD-specific advice or information.”

“Usually no, general advice from GP. But that usually involved social prescribing. Social prescribing felt very irrelevant to someone with autism. When first diagnosed 10 years ago at 16, very very little advice of the effect a diagnosis would have and subsequent needs one may encounter along the way.”

“Not really. When diagnosed the therapist gave a list of links to conduct more research on my own but upon turning 18, no help for understanding autism and wellbeing was provided by the health care team. Transition to adult services was thus challenging and could've been better supported especially given autistic challenges with transitions.”

“No.”

“Not directly in the way you mean?”

“No, I’ve had to do it all myself, poorly posed question… this one is binary!!”

“Mainly from COAST Early Intervention in Psychosis service. They also gave me support for my ADHD. The ADHD clinic just gave medication and little support otherwise.”

“Yes.”

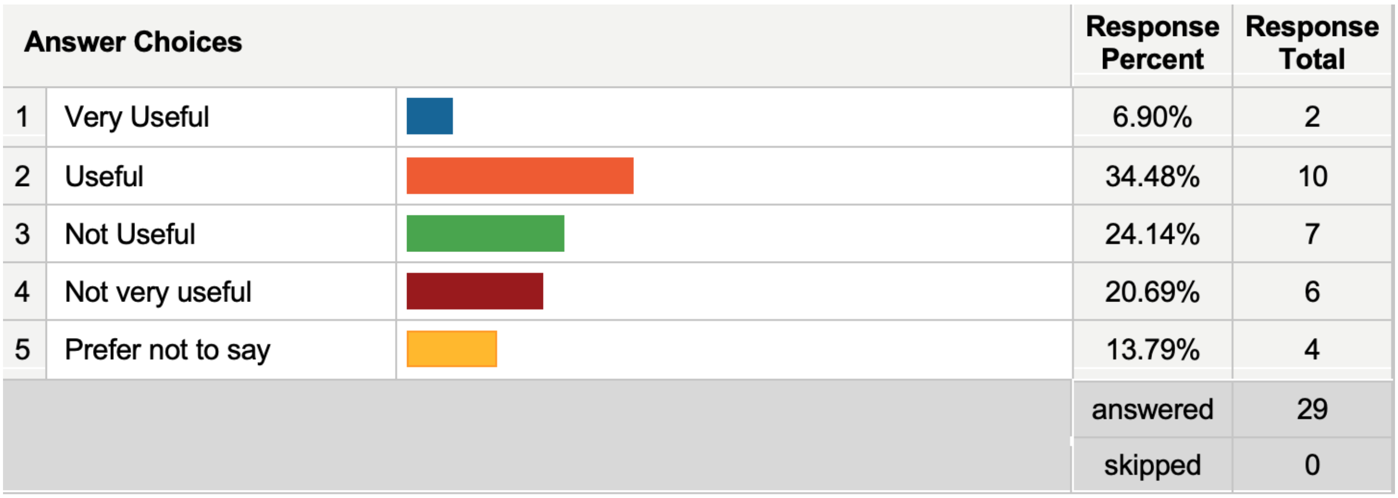
“Not really. More listening to my problems, understanding where I'm coming from.”

“None.”

“Only been told to look at wellness apps which I find unhelpful.”

14. How useful has this been?

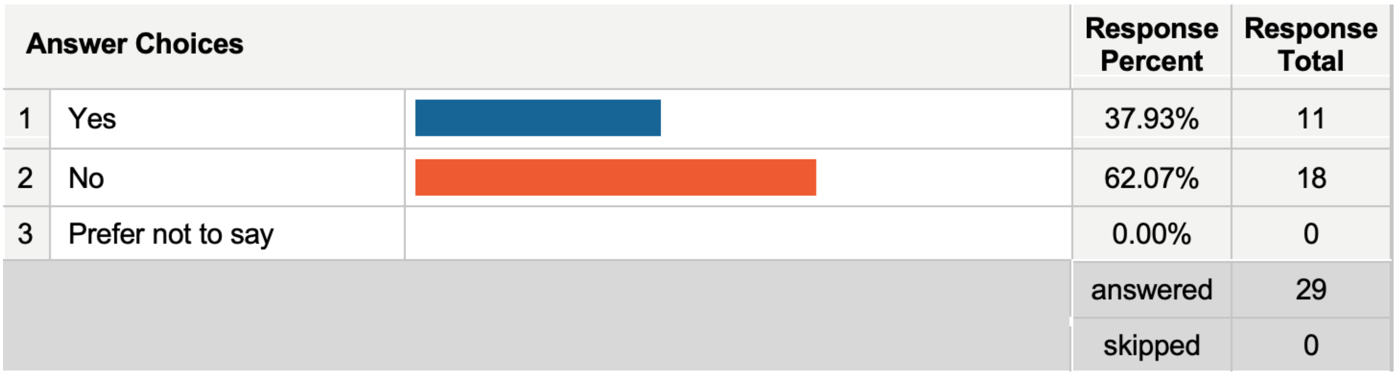
While many found the project useful, mixed responses suggest a need for clearer communication and more accessible, tailored engagement with neurodiverse communities.



Answer Choices			Response Percent	Response Total
1	Very Useful		6.90%	2
2	Useful		34.48%	10
3	Not Useful		24.14%	7
4	Not very useful		20.69%	6
5	Prefer not to say		13.79%	4
			answered	29
			skipped	0

As a local Healthwatch we also wanted to gain what the perception was of participants regarding the value of this project and their understanding of the outcomes based on the information provided at the very beginning of the survey induction. 42% of respondents found participation in this project useful, or very useful highlighting the positive engagement of neurodiverse communities to participate in research to improve health equality. However, 41% provided negative responses and 15% were neutral, hence providing a rationale for revised communications to this cohort in communicating the aims of local Healthwatch and the value our organisation brings. Negative responses may also be due to research fatigue in this group, or that the project did not meet this group's needs, or that the questions were challenging to understand, as some of the commentary provided by participants suggests.

15. Are you aware of the organisations that exist where you can be offered help and advice?



Answer Choices			Response Percent	Response Total
1	Yes		37.93%	11
2	No		62.07%	18
3	Prefer not to say		0.00%	0
			answered	29
			skipped	0

Most respondents selected no, that they did not have awareness of the support organisations that are available to them. This gap highlights a need for more promotional work from local charities and VCRF organisations to promote the support that provide to each of the neurodiverse conditions as well as neurodiversity as a whole.

16. What one thing could support you in managing your neurodiverse conditions and overall condition?

Participants called for clearer communication, better GP access, sensory-friendly spaces, and tailored support to meet diverse neurodiverse needs.

Code (Theme Label)	Frequency
Healthcare access and service delivery	10
Training and awareness for professionals	9
Sensory and environmental needs	8
Education and information	8
Financial and resource support	7
Representation and peer support	6
Transition and life support	6
Individualised support & advocacy	4
Community and social connection	4
Technology and tools	3
Terminology and identity	2

The participants provided a wide range of responses in terms of suggestions that would improve living with neurodiverse conditions. These included: more quiet spaces to manage sensory overload; financial support and support workers to aid in administrative tasks; better access to GP appointments; more awareness by GP’ of the patients' specific neurodiverse needs including need for some of face-to-face appointments. Other idea also called for more education and training in institutions beyond the health environment such as education and workplaces and community settings.

Some spoke of the need for clearer language and terminology within health services and to reduce waiting times for diagnosis. These responses highlight the diverse range of needs from a diverse set of diagnosis that sit inside the neurodiverse terminology. This prompts a need for healthcare organisations to think outside of the clinical setting and setting wellness objectives which consider environmental adjustments, financial status, modes of communication, and personalised assistance where available. A key focus is to look at the individual neurodiverse diagnostic and the associated challenges identified as a result to tailor a holistic approach. As a result, patients who are noted as neurodiverse on their health record could be afforded more time in appointments and reasonable adjustments to gain further health equality with neurotypical populations.

Responses

Please note responses have not been edited to maintain authenticity so contain typing errors.

“One thing that I would like to see is more quiet spaces and corners in workplaces including offices, public buildings like libraries and museums, and restaurants, to help me relax and calm down if I'm experiencing sensory distress and overload. Also, permission to listen to music or podcasts on my headphones to allow my autistic brain to relax, and reduce loud background noises when necessary. Plus, being given time to form responses to questions, as can get emotionally dysregulated if pushed too hard to answer.”

“A bursary to be able to pay for what I need. I.e travel assistance, short courses, alternative treatments, supplements and organic food stuffs.”

“Support worker for administrative tasks.”

“Access to free gym membership - movement is one of the best ways to manage my ADHD.”

“Reverting GP services back to being able to contact outside of office hours via the online system. I have had health conditions get considerably worse or left untreated due to not being able to contact anytime.”

“Avoiding phone-call appointments which create huge stress about being discharged if you miss the call.”

“Capacity to book a face-to-face GP appointment - it's almost impossible.”

“Guidance for me and training by authority staff.”

“For there to be representation at different levels of health care by ND people. I can speak to ND people with no issue. I don't have to mask. They understand me and I understand them. Trying to navigate healthcare with NT professionals (or masked ND professionals) is SO hard.”

“There are organisations like inaspectrum I know they are out there, i went to the CVA to apply for a teaching course many years ago and there was an assessment for maths and English so I failed straight away. But the structure of the assessment I will not get through it, but if it was set up in a different way I would have." 16. a couple of things, because I don't have work, I think AI will be a massive tool for people with Dyslexia, its not about writing its about organisational skills and times management, for example the Dyslexia institute taught me how to get dressed, it used to take me 1 hour and a half to get dressed, so now I have a pattern of doing this to speed things up. Employers need to understand that everyone is different, don't limit people work with them.”

“I think the telephone GP appointments is something I can use really well, probably te more valuable thing.”

“Staff being trained in dyscalculia in the same way they are trained to help dyslexic people.”

“More adult support services, meetup groups.”

“Day centres or autism social groups.”

“Neurodiversity to be more visible in society and the positive features of being neuro diverse.”

“Support to navigate the transitions between work and education.”

“Can be more opportunities for training and apprenticeships.”

“Training for employers about neurodiversity and the needs or differences here.”

“Live discussions / chats from people with lived experience navigating their neurodiversity.”

“More celebration of the neurodiverse perspective but in a non patronising way lol.”

“GPs do their best but maybe having social prescribers understand neurodiversity more to recommend more appropriate activities.”

“I feel it us up to the individual as well to understand their condition but it is understanding that is paramount to managing the condition. Being given a bit more time to really understand it after diagnosis and a check in here after would be valuable.”

“Educating others about autism , especially schools and employers, to reduce Stigma and help integrate rather than idolate autistic people into social spaces and workplaces.”

“A formal diagnosis.”

“Autism runs in the family, my sister has been diagnosed as an adult.”

“This is the same for ADHD too.”

“You need to learn the correct terminology- neurodiverse doesn’t apply to an individual, that’s neurodivergent. Our human race is neurodiverse including all neurotypes from neurotypical to neurodiverse. It doesn’t govern me confidence that you can represent my views.”

“Centralised support hub to help with applications for benefits and work support such as ATW.”

“Nothing at the age I am now."

“Better workplace and HR autism learning & development programmes.”

“A dedicated person who I can contact who knows my health history.”

“Community acceptance and awareness.”

“A place to share learn and express and help others.”

“Have accurate diagnose to be able to better define yourself to others and it is written in stone.”

“Have more information on the conditions, signs and symptoms and impact on health and wellbeing.”

“Where to go for a diagnose and to get support/how your doctor can do a referral.”

“Cut back a waiting list for children and adults.”

“More social groups for people to access that neurodivergent.”

“A coach to help me organise, strategise and schedulise.”

“Better / faster access.”

"That I need time to express myself and someone to know where I'm coming from.”

“A reform of how one can receive healthcare to make it easier to obtain it if you can demonstrate competence to understand what you are asking for.”

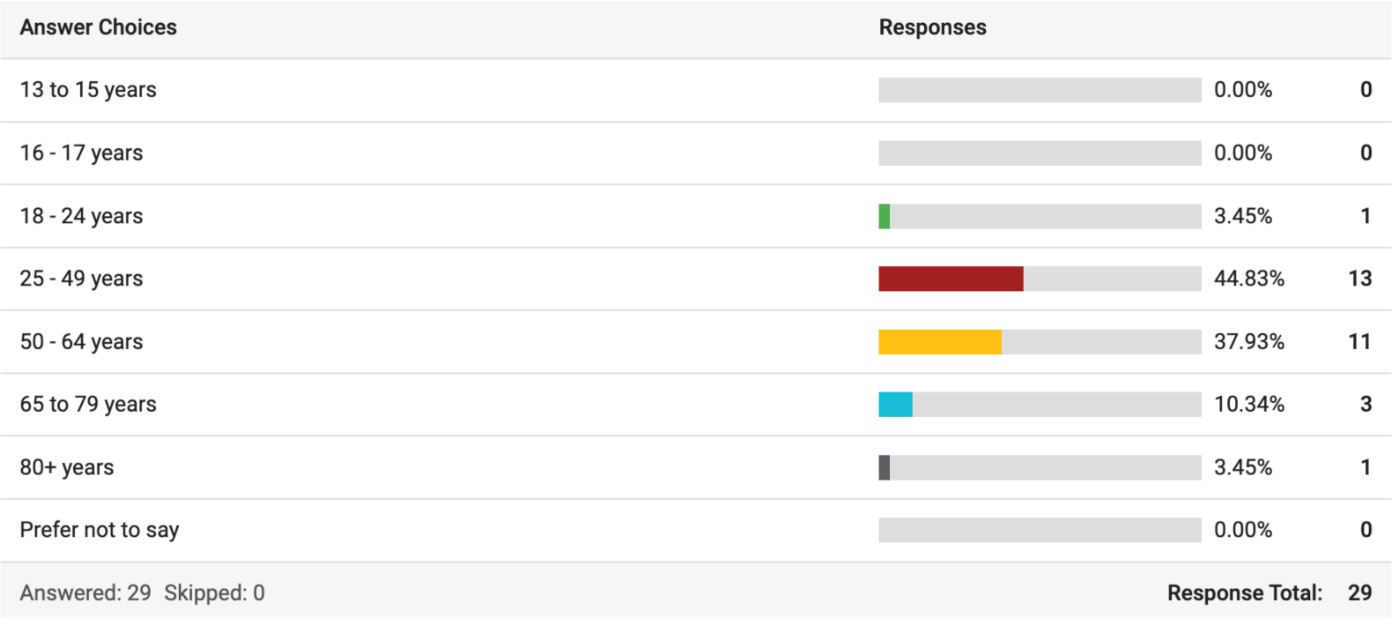
“An ADHD coach on the nhs.”

Demographics

This shows the demographics of the sample.

As noted previously, the sample of 29 is small and so is highly likely to bias towards small difference in the sample. This report reflects the need to conduct more research in the area particularly with intersections of communities no so well represented in this research.

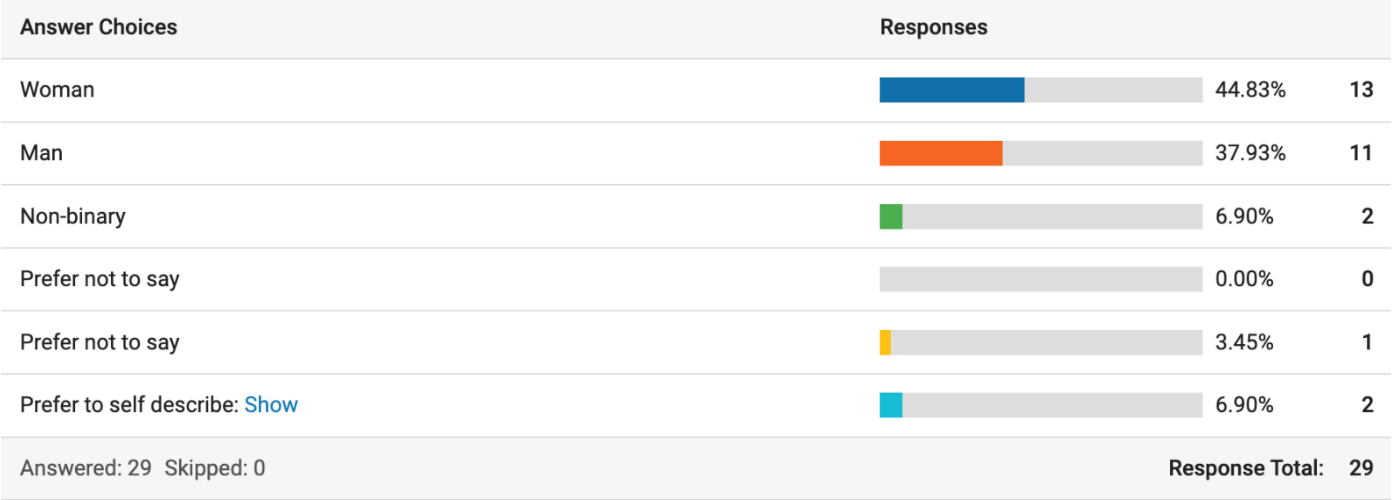
Age



Answer Choices	Responses		
13 to 15 years		0.00%	0
16 - 17 years		0.00%	0
18 - 24 years		3.45%	1
25 - 49 years		44.83%	13
50 - 64 years		37.93%	11
65 to 79 years		10.34%	3
80+ years		3.45%	1
Prefer not to say		0.00%	0
Answered: 29 Skipped: 0		Response Total:	29

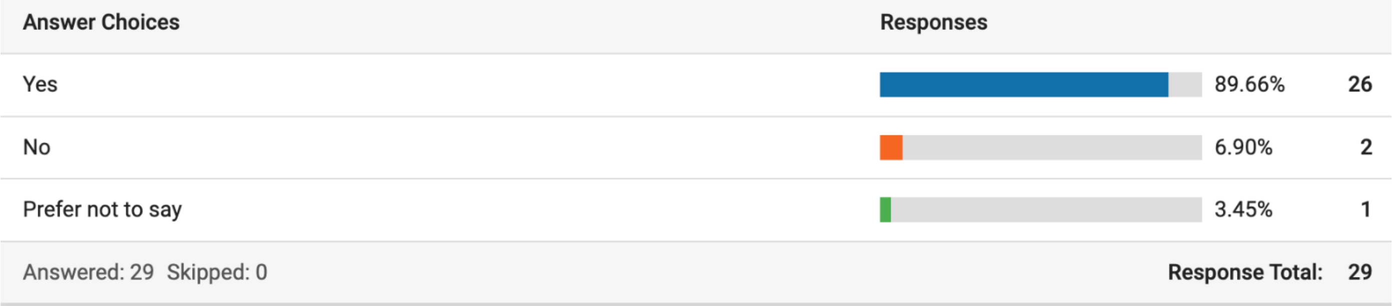
Since the focus was on adults, most number came from two groups 25-49 years and 50-64 years. There were very few under 24 represented and. Those over 65, are also underrepresented but this may also be due to older populations recognising neurodiversity, a term which has only existed since the last 1990s, although specific condition such as Autism and ADHD had been known for decades before. Dedicated research in for these age groups would be relevant here.

Gender



Answer Choices	Responses	
Woman	44.83%	13
Man	37.93%	11
Non-binary	6.90%	2
Prefer not to say	0.00%	0
Prefer not to say	3.45%	1
Prefer to self describe: Show	6.90%	2
Answered: 29 Skipped: 0	Response Total:	29

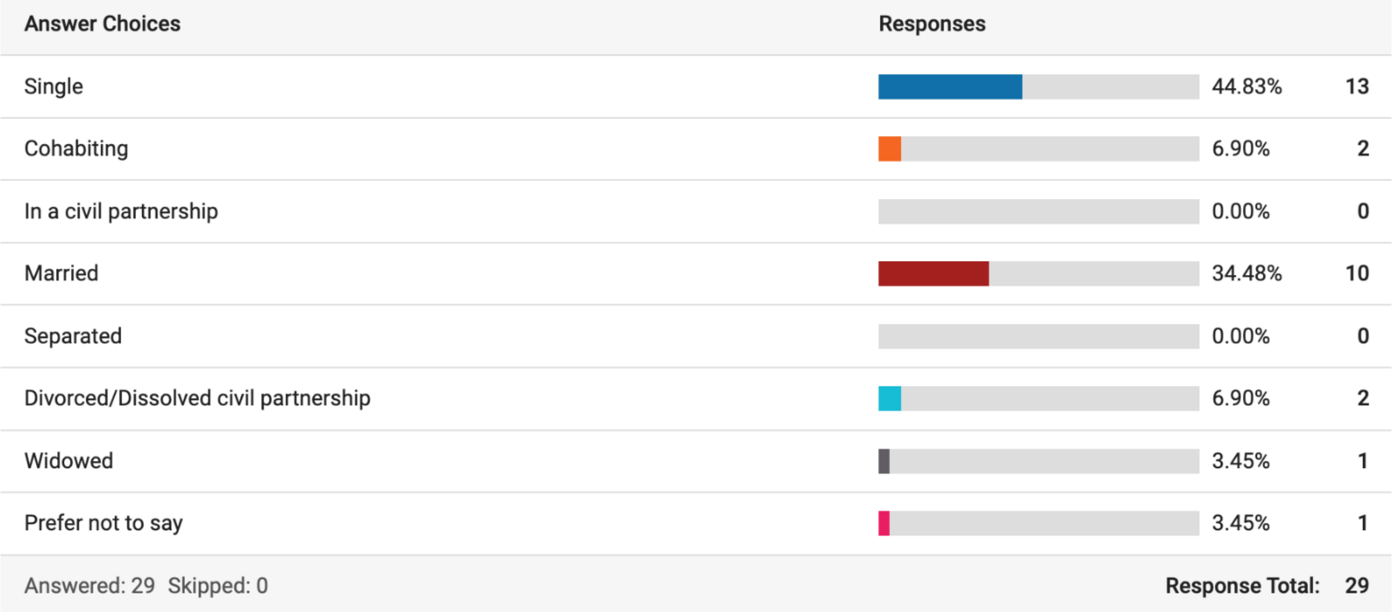
Is gender same as recorded at birth?



Answer Choices	Responses	
Yes	89.66%	26
No	6.90%	2
Prefer not to say	3.45%	1
Answered: 29 Skipped: 0	Response Total:	29

There was a near even representation of men and women and two who identified at non-binary. Most considered their gender to be the same as one recorded at their birth, with the exception those who identify as non-binary.

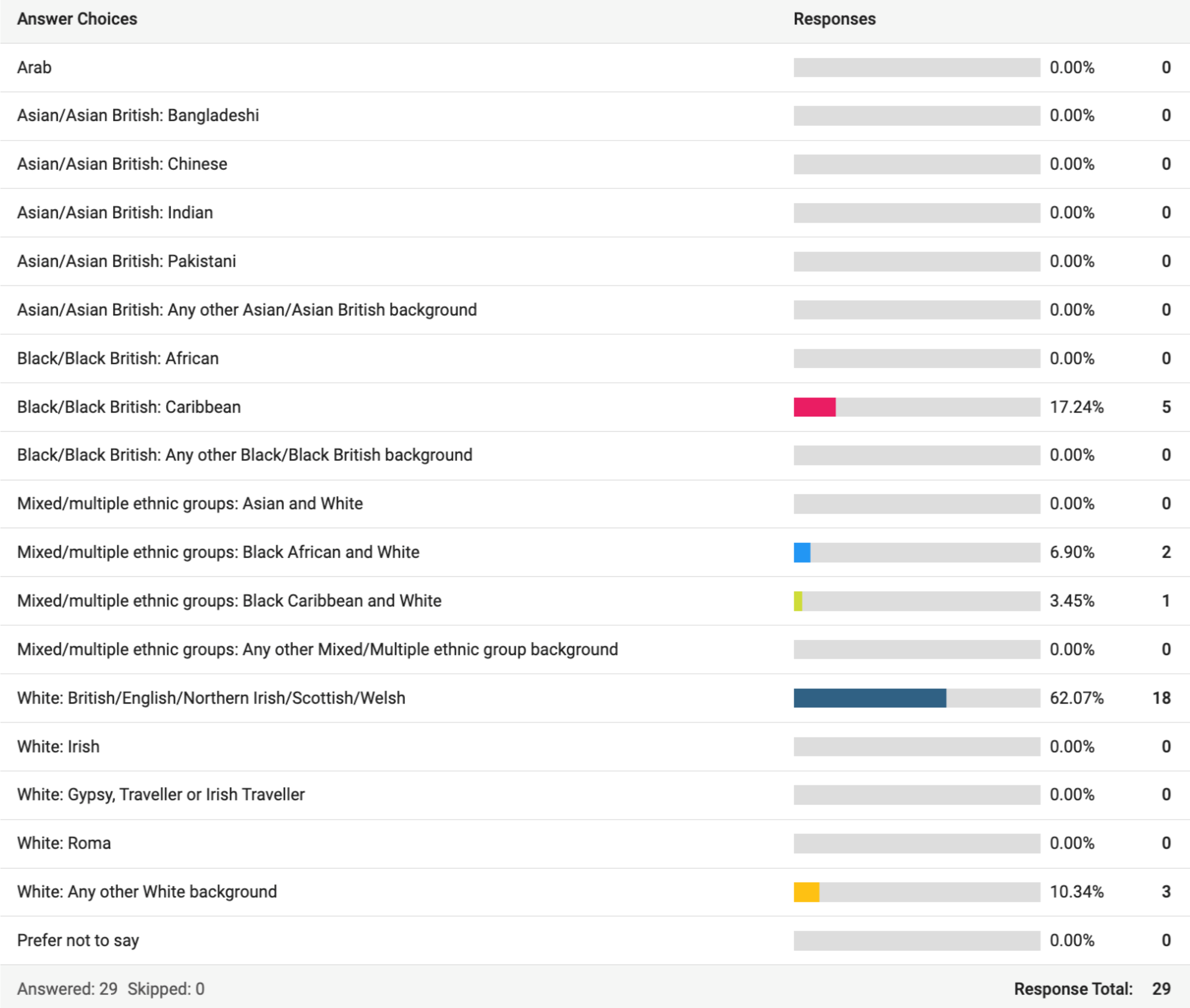
Partnership Status



Answer Choices	Responses		
Single		44.83%	13
Cohabiting		6.90%	2
In a civil partnership		0.00%	0
Married		34.48%	10
Separated		0.00%	0
Divorced/Dissolved civil partnership		6.90%	2
Widowed		3.45%	1
Prefer not to say		3.45%	1
Answered: 29 Skipped: 0		**Response Total:**	**29**

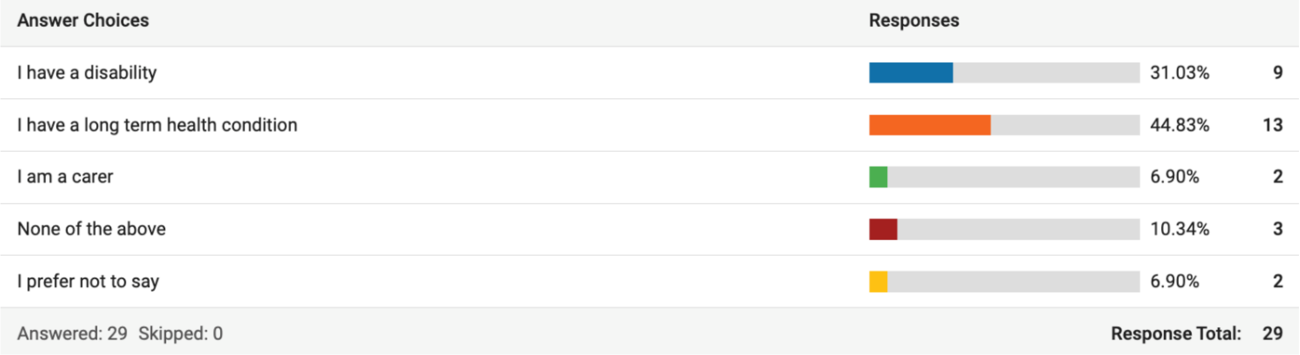
Nearly half were single, and over a third married.

Ethnicity



Answer Choices	Responses	
Arab	0.00%	0
Asian/Asian British: Bangladeshi	0.00%	0
Asian/Asian British: Chinese	0.00%	0
Asian/Asian British: Indian	0.00%	0
Asian/Asian British: Pakistani	0.00%	0
Asian/Asian British: Any other Asian/Asian British background	0.00%	0
Black/Black British: African	0.00%	0
Black/Black British: Caribbean	17.24%	5
Black/Black British: Any other Black/Black British background	0.00%	0
Mixed/multiple ethnic groups: Asian and White	0.00%	0
Mixed/multiple ethnic groups: Black African and White	6.90%	2
Mixed/multiple ethnic groups: Black Caribbean and White	3.45%	1
Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background	0.00%	0
White: British/English/Northern Irish/Scottish/Welsh	62.07%	18
White: Irish	0.00%	0
White: Gypsy, Traveller or Irish Traveller	0.00%	0
White: Roma	0.00%	0
White: Any other White background	10.34%	3
Prefer not to say	0.00%	0
Answered: 29 Skipped: 0	**Response Total:**	**29**

Long-term health condition/ Disability



Answer Choices	Responses		
I have a disability		31.03%	9
I have a long term health condition		44.83%	13
I am a carer		6.90%	2
None of the above		10.34%	3
I prefer not to say		6.90%	2
Answered: 29 Skipped: 0		Response Total:	29

Most respondents also had disabilities and. or long-term health conditions, emphasising the need for dedicate services to support them access health and social care in a way appropriate to their needs.

References

CroydonCouncil. (2025, July 03). *Dementia friendly borough*. Retrieved from Croydon Council website: https://www.croydon.gov.uk/health-and-wellbeing/mental-health-and-dementia/dementia-friendly-borough/croydons-dementia-strategic-plan

HMGovernment. (2025). *Health and Care Act 2022 c. 31 Part 6 - Disability and autism training - Section 181*. Retrieved from Legislation.gov.uk: https://www.legislation.gov.uk/ukpga/2022/31/section/181/enacted

Committed to quality

healthwatch
Croydon

Healthwatch Croydon
24 George Street
Croydon CR0 1PB

www.healthwatchcroydon.co.uk

t: 0300 012 0235
e: info@healthwatchcroydon.co.uk
X @HealthwatchCR0
f Facebook.com/HealthwatchCR0