vas
supporting community action

Photo credit: Smilyan Pavlov via Unsplash

“I just don't feel seen”

People in Sheffield tell us what ADHD support they need

Who we are

The **Sheffield Autism Partnership Network** (SAPN) is a group made up of different organisations from various sectors, including charities, social enterprises, local authority, private companies, and statutory services. We work together to support Autistic people and their families, friends, and caregivers. Everyone in the network shares a common goal: creating a city where Autistic people can succeed and live well.

SAPN is chaired by the Autism Partnership Lead at **Voluntary Action Sheffield** (VAS), an organisation focussed on making a positive difference in people's lives and supporting communities and local groups to create meaningful change that truly benefits people now and in the future.

Sheffield Voices is a support and advocacy group run by and for adults in Sheffield and nearby areas, whose opinions are often overlooked by decision-makers and researchers. Most members have learning disabilities and/or are Autistic. Our goal is to bring people together, stand up for their rights, and support everyone in living the lives they choose.

Sheffield Voices is hosted by **Disability Sheffield**, a member-led organisation run by disabled people. Our mission is to help disabled people live independently and have the same freedom, choices, and control over their lives as anyone else.

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Background

What we did

VAS, SAPN, and Sheffield Voices worked together on a six-month project to learn what kind of support people of all ages in Sheffield need to live well with ADHD.

We wanted to hear from people about their experiences and what could help them or those they care about.

By sharing our connections through SAPN and Sheffield Voices, our knowledge of health and social care systems, and our experiences with community involvement, we created an online survey and held some face-to-face sessions to gather people's opinions and feedback.

People from the ADHD community in Sheffield then helped us analyse the data, and we used their interpretations to shape our findings.

Recommendations from what we heard about can be found at the end of this report.

Why we did it

Since the Covid-19 pandemic in 2020, more and more people across the country are looking to get a diagnosis for ADHD. This sudden increase has overwhelmed the existing services, leading to long waiting lists because they weren't prepared for so many referrals. In Sheffield, for example, data from 2023 shows that the number of people waiting for an assessment compared to the number being seen is so high that it would take 261 years to clear the backlog, if no new referrals came in during that time (Now Then, 2023)[1]. Without more funding to increase the number of assessments, there's an urgent need to find better ways to support people while they wait - whether that's helping them manage their symptoms or get access to medication - as well as supporting those who have been diagnosed but don't have the right resources or tools to manage their needs.

In recent years, stories from communities and organisations suggest that many neurodivergent people are losing trust in the health and social care system,

[1] https://nowthenmagazine.com/articles/261-year-waiting-list-for-sheffield-adults-seeking-diagnostic-assessment-for-adhd

including the NHS. Because of this, more individuals are turning to community groups and charities for help instead of traditional healthcare services. In Sheffield, there are very few support options for adults with ADHD within these voluntary groups, especially those that focus on helping adults. Most of the existing services tend to focus on parents and carers of neurodivergent children, not on the adults themselves. Some organisations that support Autistic people or people experiencing mental health issues are also helping those with ADHD because there aren't enough dedicated services available. However, these groups often don't have the capacity or training specifically for ADHD, and they're worried about stretching themselves too thin and not being able to provide proper support to either group.

To better understand what people in Sheffield really want and need, we carried out an engagement project to gather stories and insights from the community.

How we did it

Gathering the data

In January 2025, we asked people across Sheffield to share their thoughts and experiences about support for adults and children with ADHD. This included those who have been formally diagnosed, self-diagnosed, and people on the waiting list for a formal diagnosis. We wanted to find out what people already know about the services available in Sheffield, how they find out about support options, what kind of help they think would be useful - whether they are waiting for a diagnosis or have already been diagnosed - and whether they feel there are enough different kinds of support available.

We also created a separate survey to learn more about the people filling out the main survey. In the past, ADHD was often seen as mainly affecting white boys from Western countries. Because of this, many people from diverse communities - such as women, people of colour, trans people - and adults in general have been left out of the conversation. This has resulted in less understanding and research about how ADHD affects people who don't fit the usual stereotypes. It also created stigma and misunderstandings in some communities, which can stop people from seeking the support and medical help they need.

We shared the survey through social media, newsletters, and flyers displayed across the city. To make it easier for those who find it hard to do online surveys or

prefer talking directly to someone, we held a few face-to-face drop-in sessions where people could chat with us.

We got 142 responses to the main survey and 56 responses to the extra questions about demographics. 5 people came to the drop-in sessions to talk to us.

Analysis by community

Once the survey was closed, we worked with a group of people with lived experience of ADHD – either from their own experiences, or someone they take care of - to examine the responses. These participants had all taken the survey and kindly gave their time and insights to help understand what people shared and to suggest some key points and ideas. The group came together to discuss the anonymised survey answers and agree on the top priority areas that came up.

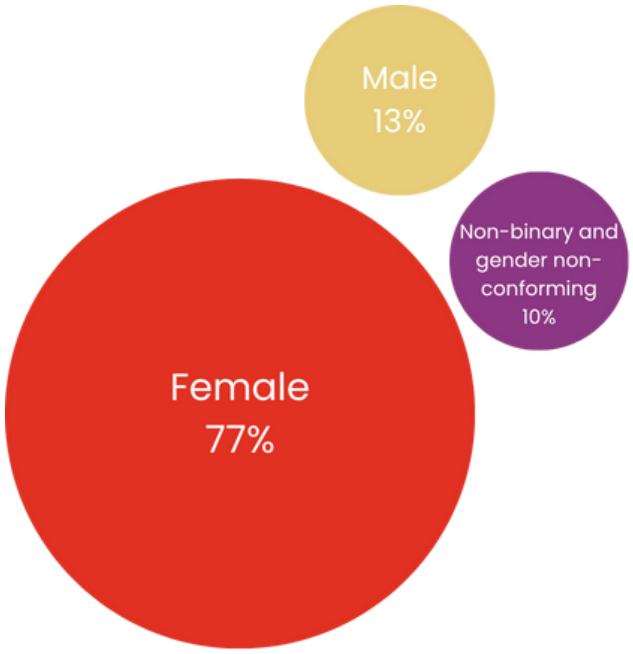
The project leader used this analysis, along with the conversations the group had that day, to come up with the findings and recommendations. Throughout this report, we include direct quotes from survey respondents to help explain what we found.

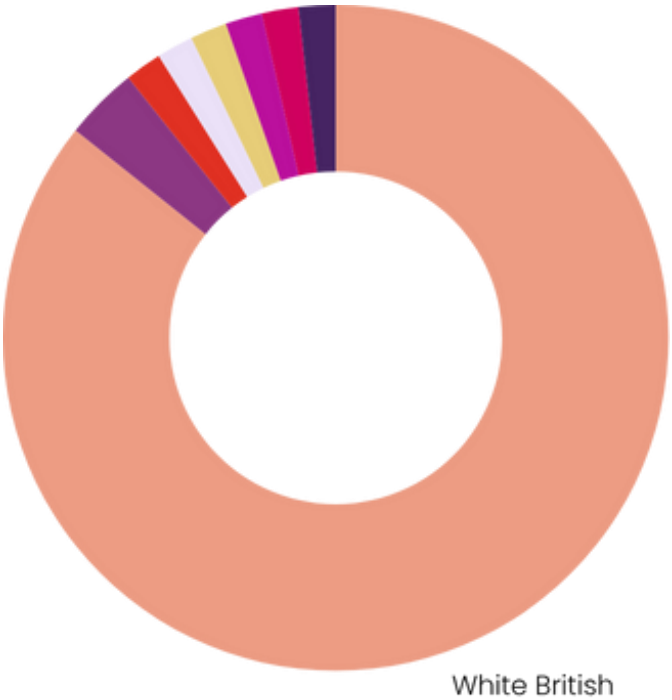
> *I like feelings that our stories matters*

This approach helped include members of the community in every step of the process, making sure our results genuinely represent the experiences and views of people with ADHD or waiting for an assessment in Sheffield - **in their own words, from their own peers.**

Findings

Who we spoke to





40% of respondents

felt that one or more aspects of their identity made it harder to get the right support

38% felt their gender identity created barriers

17% felt their age was a factor

25% said existing physical, mental or neurodivergent diagnoses impacted their access to ADHD support

10% of respondents

were referred or diagnosed at under 18 years old

47% didn't get their referral or diagnosis until they were over 41

Most of the people who filled out the demographics survey were White British, female, cisgender, and between 25 and 54. Since only about half of those who took the main survey also completed the demographics, we can't be completely sure that this information represents everyone. However, it still provides useful and interesting background to better understand people's experiences.

We also recognise that there are some communities who would not have seen themselves represented by the project team; who can't use the internet; or who don't speak or read English. This probably meant that we didn't fully connect with those communities; they didn't feel included or safe enough to participate; or to share their demographics with us, even if they did complete the main survey.

What we found out

Following is an investigation and breakdown of the survey answers, relating to the priority areas that the data analysis group identified.

Employment and Education

→ *Waiting for a formal diagnosis before support is offered is impacting people's employment and education*

Many employers, co-workers, and teachers don't fully understand how ADHD can affect a person's ability to work or learn. Often, they don't recognize a person's needs until a formal diagnosis has been made. This means that many people waiting for an assessment are not getting the reasonable adjustments* and support they need to succeed at work or school. They are expected to meet the same standards as people without ADHD, which is often unfair and difficult for them.

*Reasonable adjustments: Adaptations to remove or reduce disadvantages and barriers faced by disabled people.

The long wait times for Access to Work - the government scheme designed to help people with certain disabilities or long-term health conditions find and stay in work - only make this worse, as people can't get the funding and adjustments they need in good time, so they are struggling to function and do well at work if they don't have an employer who is willing to foot the bill in the meantime.

> *"My employer at the time was incredibly pushy and punitive, often attempting to imply that my condition was 'made up' because I had not yet been diagnosed"*

→ *Advice needs to be tailored to ADHD-specific needs*

However, even people who could access support highlighted issues with it due to the advice and approaches often being designed by and for neurotypical people and not for the unique needs of people with ADHD, who often have intense issues with timekeeping, organisation, task management and planning that go beyond what a neurotypical person would experience. This shows how important it is for support providers to have a thorough understanding of ADHD, so they can offer help that truly meets people's needs.

→ *Coaching and support would help people access work and education*

Many people also mentioned that they would find it helpful to receive coaching to help them find and keep suitable jobs, with employers who are understanding and supportive. They also highlighted a need for better support and understanding from school and university staff, especially since untreated ADHD makes studying more challenging - particularly for the self-directed studying required at university level.

> *I wish I had received help before the end of my third year - where I immensely struggled*

Health and Social Care

→ *People experience long waits and poor guidance around diagnosis and medication*

***Titration:** Steadily increasing the dose of medication to find the amount that works best for an individual. This is common with ADHD medication, because the side effects can be hard even on low doses.

Lots of people had concerns about the length of the waiting lists for an assessment on the NHS, as well as the lack of information about the fact they'd have to go onto a second waiting list for titration* onto medication. Some people had a formal diagnosis but still couldn't get access to medication for a year or more, which wasn't explained to them in advance.

> *I need actual medication which I still have to wait for, because the titration waitlist is still up to a year*

Getting onto the waiting list for an assessment usually requires a GP referral, and people rely on their GP to provide them with the right information about their options. Respondents said that the information provided by GPs isn't always accurate, varies between different doctors and practices, and in some cases was outright harmful. Almost everyone said they would use Google or an internet search to find information, resources, and support, and less than half said they would ask a healthcare professional.

→ *Lack of clarity around care options limits access to timely assessments and medication*

***Right to Choose:** The legal right for an individual to choose where they get their NHS treatment from. The NHS commissions private ADHD services, which help people avoid the long waiting lists.

Lots of GPs don't seem to know about Right to Choose*, and even those that do know about it don't always suggest it to their patients. This means lots of people are either waiting longer than they need to for an assessment, or decide to pay for private healthcare, which can be really expensive. This means that people who are facing low income or financial insecurity can't get access to the support they need to succeed at work, in education, or in their everyday lives - making things even harder for people who are already disadvantaged.

> *My GP did not understand [the right to choose process] and I had to either wait up to 4 years for an NHS assessment, or pay nearly £2000 for a private assessment and treatment*

Even for those patients who do have the information and access to Right to Choose, many GP practices don't accept Shared Care agreements*. Most Right to Choose providers will only offer medication to patients until they are settled after titration, meaning people who can't get a Shared Care agreement will either have to stop taking their medication - putting them right back where they started - or pay for costly private prescriptions.

*Shared Care:
An agreement between a patient, their GP and a third party healthcare provider (like a Right to Choose service) to lay out how treatment will be shared between the two providers.

These agreements are voluntary, to make sure doctors aren't having to take on work they can't do, but the increase in practices refusing to accept them at all is creating barriers to people's legal right to choose - many said they feel there isn't much point in getting an assessment through Right to Choose if they won't be able to get medication long-term.

→ *Healthcare professionals often misunderstand ADHD*

Some people also said that their GP wouldn't even refer them in the first place, because of outdated ideas of how ADHD looks, and what kinds of people need diagnosis and support. Lots of people with ADHD have successful, thriving lives with jobs, education, relationships, hobbies, and responsibilities – but this takes a lot of effort to maintain, and can easily fall apart without access to the right support.

> *I went to the doctor to ask about getting a diagnosis and I was told that I couldn't get a diagnosis because 'on paper' I am doing ok i.e. I have a job, a mortgage and I am in a stable relationship*

People also talked about a lack of understanding from healthcare providers on the co-occurrences that often come with ADHD, and how to treat them. Lots of people have to rely on word-of-mouth or social media to find out about important health concerns, or understand how their health issues are related.

> *I had to work alongside professionals to hear about half of the things my body needed... it's infuriating to know*

that I and people like me suffer so much, so needlessly because of lack of information/resources and stigma"

→ *Mental health services often lack knowledge of ADHD*

Lots of people also said that mental health services weren't properly set up to support them. Staff didn't have the right knowledge about how mental health conditions affect people with ADHD, and they weren't offered the right reasonable adjustments. It's common for people who find out they have ADHD as adults to have trauma, and even PTSD or cPTSD*, because of not having the right support, feeling different, and masking for so many years, but mental health services struggle to recognise and treat these issues in adults with ADHD. Some people also felt that the focus on diagnosis meant their emotional needs were overlooked or ignored. For those who have gone without a diagnosis for many years, it can be upsetting to look back and gather all the details about the challenges they've faced in the past to help with an assessment, and scary to think about how their life might change after a diagnosis.

*PTSD and cPTSD: Post-traumatic stress disorder is a mental health condition caused by experiencing very stressful or distressing events. People often re-experience the event and this can lead to them feeling on-edge and anxious. Complex PTSD happens when someone experiences repeated or long-term trauma, and can cause issues with relationships and managing emotions.

"*How can you get to adulthood without a diagnosis and not have some underlying trauma from needs being unintentionally neglected by virtue of nobody knowing your neurodivergent needs existed??*"

→ *NHS therapy often isn't suitable or long enough for ADHD needs*

People also said that the options for therapy on the NHS aren't good enough for people with ADHD. There isn't very much research about CBT* for adults with ADHD, partly because it wasn't even recognised that adults could have ADHD until 2008, but the research that exists for Autistic people has found that it doesn't work very well and can even be dangerous[2]. CBT reframes anxieties as 'unrealistic negative thoughts', meaning that it often encourages Autistic people to mask, and dismisses their lived experience of stigma

*CBT: Cognitive Behavioural Therapy is focussed on recognising how thoughts and beliefs affect someone's feelings about a situation and their behaviour, and teaching them coping skills.

[2] https://www.autisticadvocate.co.uk/post/why-cbt-is-often-not-helpful-for-an-autistic-person

and trauma. When people have experienced bullying, exclusion, and ableism for being neurodivergent, these worries and anxieties are actually normal responses to that unfair treatment.

The length of the therapy offer is an issue, too, and many people feel that the standard 6-8 sessions isn't enough for them to make a connection with their therapist and feel safe enough to open up. This can lead to them either feeling rushed to share more than they're ready to, or to not be comfortable sharing important information. This is more likely to happen if the therapist isn't neurodivergent themselves, or doesn't have the right training in neuro-affirming care and approaches. Lots of people are having to pay for expensive private therapy so they can get the right support, but not everyone can afford it.

> *Unless the counsellor understands the nuances of neurodivergence it can be really hard to explain how these things show up in my life*

→ *Health and social care staff need better ADHD training*

The data analysts also felt that there was a general need for better training about ADHD for health and social care staff and systems. Lots of the issues highlighted with health and social care can be helped, if not completely resolved, by giving regular and quality training to staff.

Information and Resources

→ *People need clear guidance and information to understand the diagnostic process*

Lots of people talked about needing more information and guidance, and better signposting of where to find it. In particular, people didn't feel like they were properly prepared for the journey of referral, assessment, and post-diagnosis, either through the NHS or Right to Choose.

When people are referred onto the waiting list, they're not given any resources or advice to help them prepare for the appointment, leaving them not knowing what to expect or what they might need. People also don't know where to find information about accessing Right to Choose, which is made worse by GPs not providing consistent and accurate information about it.

Post-diagnosis, people are still struggling to find the right information about what's next, especially when it comes to medication. They want better understanding of the pros and cons of medication, the different kinds of medication they might be able to use, and which ones would work best for their individual circumstances.

> *I would like more help with finding the right medication. I've spent money to trying some but I just can't afford to go private anymore*

People are also not being told that there's another waiting list for titration until they're on it. There's lots of informal evidence that late-diagnosed neurodivergent people will unconsciously or involuntarily start to unmask after getting a diagnosis, meaning that people can often find their ADHD symptoms getting much worse, while still having to wait over a year for access to medication. This can have a serious impact on their mental health, as well as their jobs, education, and relationships.

→ *There is a need for clear introductory information*

Lots of people said they wanted more reliable introductory information about ADHD, to help them understand it better and how it relates to their experiences. This is especially important for people who don't fit the usual stereotypes of ADHD. People also wanted more resources they could give to the people around them, like colleagues, friends and children, to help them explain what they're going through and ask for accommodations - and provide ways for the people in their lives to better understand the person they care about.

> *The official list of symptoms is a good start, but it wasn't until way after I was already diagnosed that I realised many of the things that I struggled with for years were related to ADHD*

→ *People need a better understanding of rights and self-advocacy*

Several people also said that they needed to know more about their rights, or talked about situations where their rights were at risk or had been violated - and in some cases, didn't even seem to realise this. People need better access to information and knowledge about what their rights are as a person with a

recognised disability, how to recognise when these rights were at risk, and how to advocate for themselves in a variety of contexts.

Practical and Financial Support

→ *People need practical support for daily life and tasks*

People also need practical support with the demands of everyday life - lots of people said they needed access to things like coaching, body doubling* and specific assistance with certain tasks. The reasons for needing this help spanned across education and employment to relationships and the home, showing that people with ADHD are facing difficulties with so-called 'basic' tasks in all areas of their lives.

I'm not able to correctly weigh the benefit of having a clean and ordered bedroom with the work required to make it nice

*Body Doubling:** A productivity technique where being near another person helps boost focus. It's particularly useful for people with ADHD who struggle with executive function (the mental processes that help us plan, focus, remember instructions and juggle tasks).

→ *It is difficult to navigate healthcare systems without support*

A lot of responses talked about the difficulties with seeking a diagnosis, because the process requires people to be very well-organised - something which is particularly hard for people who are undiagnosed and untreated for suspected ADHD.

The actual process isn't very accessible either as ironically it's hard to be organised etc with ADHD but a huge burden is put on you to manage yourself

Since September 2023, the UK has faced a national shortage of certain common ADHD medications and some people pointed out the challenges that are faced by people on these medications, as it was left to them to stay organised and chase up their prescriptions, even though they were unmedicated and struggling to stay on top of things.

Support should have been provided... Rather than expecting the person to figure it out themselves

→ *People experience difficulties accessing financial support and benefits*

Feedback about healthcare systems was a large proportion of the responses, but people also had difficulty with other systems. A lot of people really struggle with knowing what benefits or financial support they might be able to get, as well as navigating the process of applying.

Many people shared that schools and workplaces often refuse to make reasonable adjustments that would help when someone is still waiting for a formal diagnosis, and most financial help is also only available if someone has an official diagnosis. There is also often a gap when someone reaches adulthood - they may need to fill out new applications, or face delays because of complicated paperwork, which can leave them without help when they need it most.

> *My daughter needs reasonable adjustments at school and financial support with transport. We are currently self funding and as a single parent this forms the majority of my outgoings*

Disability rights activists have spoken out for a long time about the extra costs that come with being disabled, just to have the same quality of life as people who aren't disabled. For many disabled people, getting financial help or benefits like PIP* is essential to staying healthy, keeping a job, and managing day-to-day life. Those who can't access these benefits - either because it's too complicated or because they have to wait a long time for a diagnosis - have to find money from other sources or go without the things they need to live a normal life.

***PIP:** Personal Independence Payment is a benefit offered to people with a long-term health condition or disability who have trouble with everyday tasks, to support them to live a normal life. It's well-known for being hard to navigate, which is particularly difficult for people with ADHD.

→ *Staying organised is difficult for many people with ADHD*

Other people talked about needing more general admin support, like with paperwork and forms, and staying on top of appointments. Phone calls and deadlines can be really overwhelming for neurodivergent people, and often they will put them off until it's too late.

> *I would appreciate things being made simpler and stress free. Things like paying bills, or knowing about what day the bins are*

Barriers to life admin like this have the potential to cause long-term problems with people's health, employment, and financial stability.

→ *People need guidance to understand and use information*

In addition to needing easier ways to access information and resources, people also need practical help to understand and use what they learn. The analysts included a lot of the same responses from the 'Information and Resources' section here as well, noting that just reading or watching educational material isn't the same as having someone explain it to you and show how it connects to your own life.

Peer Support and Community

→ *There is a need for more accessible peer support and connection opportunities*

People talked a lot about needing to connect with others who have similar experiences, both before and after being diagnosed. Representation is really important for people's self-esteem, and lots of neurodivergent people have a deep desire to help other people, but there aren't enough opportunities for people to make those connections in Sheffield.

> *"I'd love a mentoring program with diagnosed people able to meet and help others, even just for coffee. Solidarity helps so much"*

Many people complimented the ADHD Peer Support Group that exists in Sheffield, with one person saying it had been '*a lifeline*' whilst waiting for their assessment, but one group doesn't meet everyone's needs. People also raised concerns about the volunteers who run the group taking on more than they can handle, and some people were frustrated that the times and location of the groups weren't convenient for them.

> *"The online groups are too late at night for me to focus without forgoing sleep for that eve and the in person groups are at the other side of Sheffield"*

→ *People want practical coaching and mentoring from others with ADHD*

Separately from social groups, people also want coaching and mentoring programmes from other people with ADHD. They are looking for help from people who have personally dealt with certain challenges, especially tips on how to manage everyday life with ADHD without a formal diagnosis, such as strategies for focussing at work or school, or advocating for reasonable adjustments.

> *"Something like peer support or coaching would have helped [while waiting for an assessment]. Instead of being told to just deal with it"*

→ *Not everyone has equal access to reliable ADHD information*

The data analysis group also picked up on the fact that many people had said they struggled to get reliable information from professionals or find it for themselves - this means a lot of people's access to information depends on knowing people who either have the answers, or who know how to find out. Because these 'knowledge networks' are based on people's existing relationships, they're not something that just anyone can tap into. This means not everyone has the same access to knowledge and information about ADHD.

Umbrella Issues

→ *Services must be accessible and communicated in plain English*

While reviewing the survey responses, the data analysis group repeatedly brought up the need for services to be accessible. There is a lot of work required to overhaul and develop suitable services for people with ADHD or who are waiting for an assessment, but that work would be pointless if the end results aren't easy to find and use.

The data analysts also pointed out that a lot of survey respondents talked about their experiences in really medicalised, jargonistic language. This mirrors how professionals speak to people about ADHD, and how people within the ADHD community then talk about it to each other, but it can cause barriers for people asking for support from people who aren't part of that community. If people don't have the tools to talk about ADHD in plain English, it becomes much harder for them to explain what they're going through and what they need.

→ *People want to be accepted and live without stigma*

People told us they want to be able to talk to the people in their lives openly and honestly, without worrying about being judged - from bosses, colleagues, teachers and classmates to doctors, nurses and social workers to partners, friends and family. It's crucial that people feel like they can talk to others about what they're going through, and ask for help, without shame or stigma.

> *It makes you feel ashamed to ask and so you don't*

→ *There is inconsistent signposting across services*

Signposting came up in every category during the data analysis, and people were consistently asking for trustworthy and accessible information, and reliable signposting from professionals. People talked about the 'lottery system' in Sheffield, where the quality of care and information someone gets is based on which service they use, and sometimes even who they speak to within that service. There is a lack of consistency across health and social care professionals when it comes to information and resources for ADHD.

→ *People are struggling to find any support at all*

Lots of people's responses to being asked what support they need, or needed, was just 'anything'. This doesn't mean, though, that just whatever is implemented will be enough - it means people are desperate for support in just about every part of their lives, and are struggling to find any relief at all.

> *I don't even know what I'd need. Someone to talk to? A priest? Some kind of way to remember I need help? I want someone to help give me options for help*

What we recommend

Based on the survey results and the data analysis, we have several recommendations for services and decision makers in Sheffield, to better support people with ADHD or who are waiting for an assessment.

For Health and Social Care decision makers, such as the South Yorkshire ICB, Sheffield Health and Social Care Trust, and the Sheffield Teaching Hospitals Trust:

- We're calling on the South Yorkshire ICB to fund further, **targeted engagement with marginalised communities**, particularly people of colour, immigrants, and LGBTQ+ people.
    - This will help make sure what we're hearing is **representative of Sheffield's diverse population**, as well as helping to counter the idea that neurodivergence only affects certain types of people.
- GPs need **better knowledge of Right to Choose**, and practices need to more widely **accept Shared Care agreements**.
    - Shared Care agreements are voluntary, so practices don't take on work they can't do, so **more training and resources** is needed to ensure they are equipped to deal with Shared Care agreements.
    - When combined with the incredibly long waiting lists for an assessment, practices refusing Shared Care agreements is **keeping people from essential and often life-saving care.**
- More and **better training for health and social care staff** about ADHD, both pre- and post-diagnosis.
    - These professionals also need to be **better equipped to spot the signs** of ADHD - especially those which don't fit the stereotypical expectations - so they can help people get the right support and a diagnosis, if they want one.
- The **talking therapy offer needs to be expanded** to make it accessible and useful for people with ADHD.
    - The current process of a **short run of CBT sessions isn't working** for many neurodivergent people - both because CBT is generally ineffective, and because the amount of sessions isn't enough.
    - Neurodivergent people need **neuroaffirming therapists and psychologists**, not group sessions and non-specialists.

    - Lots of people said they would specifically **need a neurodivergent therapist** to get the most out of their sessions.
- An in-depth **review of the referral, assessment and titration process** is needed, to figure out where this pathway is letting people down and how to mitigate it.
    - Actually reducing the waiting list is not a realistic expectation at this point, but there are **lots of aspects of the current journey which are not fit for purpose** and unnecessarily causing added stress.
- **Systems and pathways need to be simplified**, and support options offered to help people navigate them.
    - Alternatives to long-winded forms and paperwork would help, and the **responsibility for staying organised needs to shift** from the individual to the system.
    - People are often going through **multiple application or referral processes at once**, and it's really hard (sometimes impossible) to stay on top of everything on their own.
- The voluntary sector needs to be **supported to develop and create services and offers** for people with ADHD or who are waiting for an assessment.
    - This means providing **long-term, sustainable investment** to both produce these new offers and keep them going.
    - **The current model**, where volunteers are burning out, organisations are stretching to provide support they're not equipped for, and everyone is competing over small, sporadic pots of funding, **isn't working for anyone**.

For local authority, such as Sheffield City Council and Local Area Committees:

- More and **better training for educators and employers** about ADHD, both pre- and post-diagnosis.
    - These professionals also need to be **better equipped to spot the signs** of ADHD - especially those which don't fit the stereotypical expectations - so they can help people get the right support and a diagnosis, if they want one.
- The **eligibility criteria for formal support** like financial benefits, reasonable adjustments, blue badges, and travel passes **needs to include people on a waiting list**.

    - People are often waiting many years for a formal diagnosis, and their **needs are going unmet** for the entire time. This contributes to burnout, unemployment, and financial difficulties.
- **Systems and pathways need to be simplified**, and support options offered to help people navigate them.
    - Alternatives to long-winded forms and paperwork would help, and the **responsibility for staying organised needs to shift** from the individual to the system.
    - People are often going through **multiple application or referral processes at once**, and it's really hard (sometimes impossible) to stay on top of everything on their own.
- The voluntary sector needs to be **supported to develop and create services and offers** for people with ADHD or who are waiting for an assessment.
    - This means providing **long-term, sustainable investment** to both produce these new offers and keep them going.
    - **The current model**, where volunteers are burning out, organisations are stretching to provide support they're not equipped for, and everyone is competing over small, sporadic pots of funding, **isn't working for anyone**.

For VAS and SAPN:

- VAS should leverage their connections and skills to ensure any future engagement work is **led by people from the targeted communities**, and to ensure they are supported to carry out this work.
- The voluntary sector needs to be **supported to develop and create services and offers** for people with ADHD or who are waiting for an assessment.
    - This means providing **long-term, sustainable investment** to both produce these new offers and keep them going.
    - **The current model**, where volunteers are burning out, organisations are stretching to provide support they're not equipped for, and everyone is competing over small, sporadic pots of funding, **isn't working for anyone**.
- **Robust, reliable, and consistent information and resources** need to be developed, in collaboration with the ADHD community.

- These resources need to be **widely publicised** and **readily available** from health and social care services.
- This will provide people with **trustworthy sources of knowledge** that are easy to get hold of.

Acknowledgements

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