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Understanding the gendered experiences of young people with autism and ADHD

Neighbourhood health and wellbeing insights – June 2026

Contents

Introduction

Healthwatch Gloucestershire is the county's health and social care champion. We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared. Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.

Background

This project is part of Healthwatch Gloucestershire's role in listening to local people and making sure their voices influence health and social care. During the development of our projects, we look holistically at what we hear through feedback, engagement, and past project work, alongside wider system priorities.

Through our public engagement and feedback channels, we have consistently heard about:

- Long waits for services such as CAMHS and diagnostic assessments.
- Barriers for families who obtain private diagnoses, for example GPs not entering into Shared Care Agreements for medication.
- Mental health pressures in younger people, especially heightened since COVID-19, including increases in anxiety and disordered eating.

Our 2023 report that explored the experiences of autistic adults during the autism assessment process highlighted gaps in diagnosis, support, and professional understanding of how autism presents differently in women, particularly in relation to masking. Our projects "Trans and non-binary people's experiences of accessing GP services" and "Understanding people's experiences of hidden homelessness" also showed the impact of delayed or missed diagnoses, and lack of early support on individuals.

Looking through the lens of preventative care, we wanted to better understand the experiences of younger people to identify where earlier recognition, timely

diagnosis, and appropriate support could reduce long-term harm. By focusing on young people's experiences, this project aims to inform targeted, evidence-based recommendations that support earlier intervention, improve pathways of care, and help prevent the escalation of unmet need into more complex mental health and social challenges later in life.

Taken together, this evidence suggested it would be valuable to explore the gendered experiences of young people with autism and ADHD, focusing on women and gender diverse people between the ages 11–25.

Why this project focuses specifically on autism, ADHD, and experiences of young women, girls and gender diverse people.

We know there are many types of neurodivergence, and that boys and men also face challenges in accessing timely and appropriate support. All of these experiences matter.

For this project, we have chosen to focus specifically on autism and ADHD in girls, young women, and gender-diverse young people because evidence shows that:

- Gendered experiences of autism and ADHD remain poorly understood by professionals. Therefore, these groups are more likely to be underdiagnosed or misdiagnosed and often wait longer for support because of this.
- Focusing on a defined area allows us to collect richer, more detailed data, which in turn makes our recommendations stronger and more actionable.

Key messages

These key messages reflect the feedback we heard from the young women, girls and gender diverse people during this project.

- Missed early recognition had long term impacts on wellbeing, education and self-understanding. Sophisticated masking strategies are often developed in early life due to gendered social pressures, making needs less visible to teachers and clinicians which contributes to late or missed diagnosis.
- Traits were overlooked or minimised because they did not match stereotypical, male-centred understandings of autism and ADHD meaning the need for support was not identified or offered until difficulties escalated.
- The language used during the autism assessment process was described as patronising by some.
- Not having a diagnosis hugely impacted accessing support from family and friends. However, fear of stigma, stereotyping, and discrimination can influence whether people disclose their neurodivergent identity to others.

- Loneliness is common. Misunderstanding of how autism and ADHD present in women and gender-diverse people can mean that they experience ongoing difficulty maintaining friendships due to masking, burnout, difference in communication styles and unmet social needs – even when relationships are valued.
- Mental health needs were misunderstood. Some felt their distress was dismissed as "just part of being autistic or ADHD," while others found their neurodivergent traits being overlooked as relating to poor mental health.
- Positive experiences with mental health support were attributed to being able to build trust through having a consistent therapist and non-clinical environments, whereas others described short-term, inconsistent, or overly clinical support as unhelpful or exhausting. As well as support for themselves, young women told us support for their parents and carers would also be beneficial.
- Sensory environments, bullying, and rigid systems contributed to distress and, in some cases, long-term harm. Positive educational experiences were usually linked to individual staff members who identified needs and adapted their approach. Greater autonomy, flexibility, and alignment with interests supported improved experiences in further and higher education.

Wider issues

- Long NHS waiting lists are driving families to seek private diagnoses, creating inequity and additional barriers when private assessments are not consistently recognised or supported within NHS pathways.
- Being on a waiting list has a serious emotional, practical, and identity impact, leaving young people feeling stuck, invalidated, and at times unable to access reasonable adjustments, education support, or specialist services.
- Diagnosis was valued as a tool for validation, communication, and self-advocacy, particularly in education, work, and social settings. However, some people experience difficulties such as skill regression following diagnosis. Without support, the benefits of diagnosis can be limited when understanding and practical support are not available or consistent.
- Transitions between children's and adult services could be abrupt and poorly supported. Turning 18 was described as a "sudden loss of support" with expectations of independence that did not reflect actual needs.
- Framing rising diagnosis rates as over-diagnosis risks undermining the legitimacy of people's lived experiences and can reinforce stigma, particularly for those who already face significant barriers to being recognised and supported.

Recommendations

The following recommendations are based on the insights and experiences shared by the people who contributed to this report.

- Greater understanding of the role of gender in recognising and diagnosing neurodivergent conditions is needed to aid early identification and referral, and training should be reviewed to ensure this is covered. This should include stories and experiences of people with lived experience.
- Gloucestershire Health and Care Trust's Children's Autism and ADHD Assessment Service (CAAAS) should review the support on offer whilst people are awaiting assessment to ensure there is a choice of personalised support to meet the needs of young women and girls. This offer should include clear options across different types and formats of support.
- NHS diagnostic pathways should ensure that families and carers of children and young people on autism and ADHD waiting lists are offered clear, accessible guidance. This may include:
    - Recognition that traits may differ based on gender identity
    - How the waiting period may emotionally and practically impact the young person
    - How autism or ADHD traits may show up or intensify while waiting
    - How families can offer supportive, affirming responses at home
    - How to navigate health, education, and support systems during the waiting period

  This guidance should be made available early in the waiting process and be provided in accessible formats suitable for different learning and communication preferences.

  This guidance could also be shared with schools.
- Healthwatch Gloucestershire to continue to share insight from this report with Gloucestershire County Council as part of a review of Gloucestershire's Local Offer to improve services and information provision for young women and girls with autism and ADHD.
- NHS Gloucestershire should review inequities in the Right to Choose pathway and work with experts by experience, community volunteers, GP practices, the VCSE sector and system partners, to co-produce an awareness campaign focussing on supporting informed choice by:

    - Improving public understanding of what Right to Choose is, who it applies to, when it may be used, and what the limitations are e.g. if medication is recommended
    - Clearly explaining how to request a Right to Choose referral through a GP
    - Setting realistic expectations about waiting times and variation across providers
    - Signposting people to further support and reliable sources of information while they wait
    - Information should be clear, balanced, and accessible, available in a range of formats, and promoted consistently through GP practices, local authorities, VCSE networks, and online channels, including social media.

- Assessors should be aware of how people may experience the ADOS-2 assessment and the language used, and ensure post-assessment explanations are given to mitigate the emotional impact of the report.
- Local services should ensure that post-diagnostic support is routinely available and clearly communicated, recognising that some individuals experience emotional overwhelm, identity shifts, or temporary regression following diagnosis. Support should be proportionate, timely, and responsive to individual needs, rather than time limited.

In line with a recommendation from Healthwatch England's How to improve ADHD support for people report:

Move Autism and ADHD assessments to the community. This includes providing NHS teams with the training and resources they need to deliver care closer to people's homes. This shift will require collaboration between NHS, social care, education and employment.

What we did

Developing our approach

During July to September 2025, we spoke with organisations supporting children and young people aged 11–25 as well as young people themselves to ask what methods of engagement would feel accessible, comfortable, and meaningful to them. We also engaged with organisations and networks that specifically support autistic and ADHD young people.

During this time, our Engagement Officer conducted a literature review of relevant articles to inform wider understanding of autistic and ADHD experiences to steer the engagement approach.

How this shaped our approach

In response to this feedback, we developed engagement approaches that aimed to be flexible, accessible, and respectful of people's time and energy. These approaches were designed to offer a range of ways to share their experiences, recognising that no single method works for everyone. More detailed information on how we developed our approach is attached as Appendix 1.

Survey

We enabled young people to co-develop the survey questions with us and created an online survey with multiple pathways. These pathways were designed using skip logic to guide respondents through the most appropriate questions based on their individual experiences. 12 people completed the online survey.

Creative workshop

We worked in partnership with The Hundred Heroines Project to develop a free, creative workshop for young people aged 14–16. The workshop was designed to offer a supportive, small-group environment, with a maximum of 10 participants, to help ensure the session was accessible and responsive to a range of needs. However, as only one young person signed up for this, the workshop did not go ahead and alternative arrangements were discussed to hear this person's experiences.

Focus group

We worked in partnership with CASA (Community Autism Support and Advice) to plan and deliver a focus group for autistic and ADHD young people. The session was designed to feel informal, predictable, and welcoming, and was promoted through the same channels used for the creative workshop. Unfortunately, no participants attended the focus group on the day but our survey was shared with group members.

Community conversations

Alongside our structured engagement activities, we also had conversations with 16 further young people across a range of settings, including during community group visits, events, and follow-up discussions connected with engagements within the project.

Development of resources

From the outset of this project, we were mindful that the questions we ask could bring up difficult emotions or past trauma for participants. To help safeguard against this, we developed a digital and print leaflet that brings together national and local mental health support options in one clear, easy-to-read resource.

In addition, we created a short, tailored information leaflet about Healthwatch Gloucestershire, designed specifically for younger people that was shared with participants and organisations.

Survey demographics

12 individuals completed our online survey.

Age range

We separated age into categories based on key transitions: 11-15, 16-18, 19-25. We heard from 2 people who were aged 11-15, and 10 people who were aged 19-25.

Gender identity & sex assigned at birth

10 people identified as women/girls and 2 people identified as non-binary/genderqueer/agender/genderfluid. All 12 respondents were assigned female at birth.

Ethnicity

10 people identified as White British/English/Northern Irish/Scottish/Welsh, 1 person identified as Black/Black British, and 1 person identified as White Irish.

Autism

We asked people if they identified as autistic. 10 people said they identified as autistic, 1 said no, and 1 said they were unsure.

To better understand diagnostic status, we asked participants whether they had received a diagnosis, whether it was through the NHS or privately, whether they were currently on a waiting list, or if they were not seeking a diagnosis at all. Out of the 11 respondents who answered this question, 1 had an NHS diagnosis, 5 had a private diagnosis, 3 are on the NHS waiting list for an autism assessment, and 2 do not have a diagnosis and are not on the NHS waiting list for an assessment.

Out of the 6 people diagnosed as autistic, 40% received this diagnosis 1-2 years ago, 40% 2-3 years ago, and 20% more than 3 years ago.

ADHD

We also asked people if they identified as ADHD. 2 people said yes, 8 said no, and the remaining 2 said they were not sure.

Out of those who identified as ADHD or who were not sure, most respondents did not have an ADHD diagnosis and were not waiting to be assessed (3 people), and 1 person had a private diagnosis.

What we heard

The following section presents an analysis of data collected through our survey, alongside insights from the community conversations conducted as part of our wider engagement. All statistics referenced relate to survey responses, while qualitative insights from engagement activities have been used to provide additional context and depth to the findings.

The assessment process

We asked about both NHS and Private assessment processes for both autism and ADHD. As most of the people who took part in this project identified as autistic, naturally responses focused more on the autism assessment process.

Reasons for private diagnosis

All of those who were diagnosed with autism or ADHD privately reported that long NHS waiting times were the reason for pursuing a private diagnosis, and no other reasons were given.

"I have anorexia and the fact that I may be autistic had been raised.. The waiting list did not take my eating disorder into consideration, there was no fast-track option and as I was very unwell, waiting was not feasible. My parents decided to get a private diagnosis so that I could receive the appropriate treatment in line with my neurodiversity."

"The NHS waitlist was so long that I would have been too old by the time I was diagnosed to still be on the under 18 list, so we decided to go private"

How do people feel going through the autism assessment process?

Some people described feeling nervous or uncomfortable due to being in an unfamiliar place. Others felt the process was validating and helpful. Some also expressed frustration at being unable to access an NHS diagnosis and having to pay privately.

"It felt positive...I felt very validated. The report at the end almost made me cry because it finally made me feel seen and understood (even if it did call out some of my behaviours which I didn't realise were clearly autistic!). The report took a while but was worth it."

"As I was under 18, a significant amount of the diagnosis was through my parents. I went to a centre to be diagnosed. I was uncomfortable as it was a place I was unfamiliar with."

"It was liberating and informative. What didn't go well was having to pay £1400, as the NHS couldn't help in time to save my life."

What advice would people give to those who run the autism assessment service?

Multiple respondents felt as though the autism assessment was patronising or unsuitable for their age. One person suggested that those with life threatening conditions should be prioritised on the NHS wait list.

"Change it for different ages and give more context to the questions. for example - why do we have to tell you what faces the frogs are making and what emotion they feel?"

"I think the ADOS-2 assessment could be better adapted to suit adults, it felt infantilising at times to play games that seemed designed for children."

What it feels like for people whilst waiting for an assessment

We heard that for many, being on a waiting list can be particularly challenging. Uncertainty, long delays, and a lack of tailored guidance can increase anxiety, make daily functioning harder, and leave people feeling stuck without a clear

path forward. This makes access to appropriate, meaningful support during the waiting period particularly important.

Being on the wait list has had a significant emotional and practical impact on people's daily lives and wellbeing. Many described feeling as though life is "on hold," stuck in constant "waiting mode" that makes it difficult to relax, stay present, or focus on everyday tasks.

A major theme we identified was how people struggle with identity whilst waiting for an assessment. Several people expressed that without a formal diagnosis, they feel invalidated or disbelieved by others, such as peers or family members. Even when they strongly identify with autistic traits or experiences, the absence of official recognition creates an ongoing cycle of questioning themselves, not knowing how to talk about their needs, and feeling unsure of who they are. This internal conflict compounds the emotional strain of waiting.

"I feel like I'm constantly in waiting mode which makes me feel like I am never truly relaxed. I feel like some of my family members don't believe that I am autistic because I don't have the formal diagnosis, so I feel ashamed and embarrassed that I struggle with the things I do without a 'valid' reason. I feel nervous to tell other people I am autistic even though I do strongly identify with the autistic experience I have no idea how I could not be. Then I get into this cycle of not knowing who I am and it's just constant. I really hate waiting."

The lack of access to an assessment also created barriers to accessing essential support and accommodations. For example, one person described being unable to access an adjusted dental service designed for people with disabilities, while another highlighted the difficulty of receiving appropriate support at university without formal confirmation of their needs. These practical challenges add to the sense of being stuck, unable to move forward, and unsupported during a time when help is most needed.

"I am studying at university, and it would help to know if I am autistic so that they can give me support. Sometimes I find it hard to attend in person lectures when there are a lot of people around, because I find it hard to focus and feel very anxious. Waiting is hard because I feel like I am definitely autistic, but because I don't look autistic I don't think people would take me seriously. I also find things like going to the dentist really hard. I was told there is a dentist for people with disabilities where they can make adjustments, but I don't think I can access it without a

diagnosis. I find waiting really hard and feel like I am always worried about when I will get an assessment."

Support whilst waiting for an assessment

We asked people whether they had been offered any support while waiting for an autism or ADHD assessment. Two people reported that they had been offered support, while one person had not. We also invited respondents to share further comments about the types of support they received.

People's experiences highlight how support that works well for one person may not meet the needs of another as highlighted by the quotes below. These differences underline the importance of services being able to offer person-centred support to ensure people feel supported while they wait for an assessment.

"Told about social groups I can go to and meet other autistic adults which is helping because I can talk to other people about the process and feel proactive."

"When I was referred by a mental health nurse, she sent me a list of support. I found it overwhelming and unhelpful. I need therapy over a period of time, and I find self-help overwhelming sometimes."

We also asked what support they would find useful while on the waiting list. Overall, people expressed a clear need for more communication, emotional support, and connection during the waiting period. Many wanted practical information about what to expect from the assessment process, regular updates on waiting times, and access to counselling or therapeutic support. Others highlighted the value of peer connection to reduce feelings of isolation. Together, these responses emphasise that timely information, emotional reassurance, and opportunities for community support can make the waiting period more manageable and less overwhelming.

"I would find it useful to have updates on wait time. I know wait times are long, but it would be helpful to be updated so I can manage my expectations. Waiting is something I find really difficult, but it is easier when I know how long I am waiting for. I would also find counselling helpful, or to know if there is any other support. It would be nice to be around other people who are also waiting."

Overall, the responses paint a picture of waiting as emotionally exhausting, isolating, and destabilising, affecting wellbeing, relationships, identity, and access to services in significant and compounding ways.

People who identify as autistic or ADHD but are not on the wait list

We asked people who said they were undiagnosed and not on the wait list if anything was making it difficult for them to seek an autism or ADHD assessment. A common theme was feeling overwhelmed by the assessment process itself. Some had started the process but found the requirements, paperwork, or length of the journey too demanding to continue. Others mentioned uncertainty about where to begin, alongside practical challenges such as finding the time to pursue an assessment.

"I started an assessment through a website but as it got further in I found it very overwhelming and ended up missing a deadline for some paperwork. It felt like a long process and I was unsure how much support I would get. I didn't reapply for a diagnosis after that."

"I started the process and became very overwhelmed by it. I feel it's something I need more specific and guided help with."

Health barriers also played a role, including anxiety and exhaustion. For some, going through one diagnostic route (such as autism) left them too drained to pursue another assessment, like ADHD. A lack of clarity about what support would be available during the process, as well as concerns about overlapping traits between autism and ADHD, contributed to hesitation. Additionally, long waiting times were mentioned as a further obstacle to seeking assessment.

"There are lots of things for me that make it difficult. A few are not knowing where to go to start the process and having the time as well as anxiety and wait times."

"I'm not sure if I have ADHD. I would like to explore this, but I'm so exhausted from the autism route I don't see the point. I really wish someone could check for both during my assessment because I know how much they overlap. I also worry because I think ADHD might hide some of my autistic traits."

Accessing support without a formal diagnosis

We asked those who did not have a formal diagnosis if they had ever had any difficulty accessing support because of the lack of diagnosis. Only one person said that they did not experience any difficulty. The majority of responses cited difficulty accessing support from family and friends and from health professionals including GPs and dentists. Responses also included at school/college, at work, and when trying to access social groups or activities.

Thoughts & feelings on diagnosis

We asked people what they thought the positives and negatives of having a diagnosis of autism or ADHD are. We have grouped their responses into themes below.

Positives	Quotes from Respondents
Better self-understanding	"I am kinder to myself and understand that I'm not just useless."
Greater self-acceptance	"I am learning to accept myself… and that I should not be ashamed of that. I am finding my voice."
Insight into needs, boundaries, and coping strategies	"Understanding your personal thought processes, learning how you can regulate yourself and ask for help."
Making sense of past experiences and challenges	"It will help me understand myself and my life up to this point… why maybe I can't keep friendships very long."
Ability to advocate for oneself more confidently	"Personally, I have felt more confident in advocating for myself."
Feeling validated and understood	"Feeling seen, understood, validated." "I don't feel like my family or friends take things I find hard seriously without a diagnosis."
Legal protection and access to rights	"Having legal protection under the 2010 Equality Act."
Ability to communicate needs with others	"Being able to express my needs to others in the hope they can help."

Improved support in school, university, or work	"I think having a diagnosis would make things easier at uni and work."
Clarity and reassurance	"It would give me the freedom in my own mind to give myself more understanding and patience."
Understanding boundaries and protecting oneself	"A lot of this was possible because I understood my brain better and why I felt the way I felt."

Negatives	**Quotes from Respondents**
Feeling overwhelmed or experiencing regression	"I have backtracked a lot in what I can and can't manage. The skill regression has been huge and has had a massive impact on my life."
Fear of stereotypes or not being believed	"You don't look autistic/I never would have thought you were."
People treating you differently	"People are definitely treated differently but not in the right way."
Worry about reactions from friends, family, or colleagues	"Sometimes people aren't very understanding or compassionate… I wouldn't feel comfortable sharing with work."
Fears of discrimination or hate crimes	"Potential hate crimes."
Concern that diagnosis won't lead to real support	"Even if I had a diagnosis… I don't know if that's something I would feel comfortable sharing with work… I've seen the support is not there anyway."
Changes in relationships	"To begin with people treated me differently, I had massive changes in friends."

As shown above, one respondent identified protection under the Equality Act 2010 as a positive aspect of having a diagnosis. While a formal diagnosis may help people explain their needs and feel more confident asking for support, the law focuses on how your condition affects your day-to-day life and ability to

work, not whether you've been given a formal diagnosis. This suggests there may be some confusion about the relationship between diagnosis, legal protection, and access to reasonable adjustments.

Therefore, feedback indicates that people may not always be clear about what rights or adjustments are available without one.

Context & public discourse

During the course of this project, public comments made by senior political figures about autism, ADHD and mental health — particularly language suggesting "overdiagnosis" — were raised as harmful and concerning.

Research consistently shows that autism and ADHD are not new or increasing because of mislabelling, but because of improved awareness, broader diagnostic criteria, and better recognition of how neurodivergence presents across genders, cultures, and age groups.

> "It makes me feel like people think I am the problem."
>
> "I don't think overdiagnosis is a problem. I think there has been more information shared about what autism and ADHD are and how they can feel - especially for girls - and the more we share our stories, the more of us are seeing that we share those experiences."

Experiences of education

We asked people about their experiences of education, including school, college and university. People shared a wide range of stories, but most described significant challenges linked to being autistic or ADHD, particularly when this was unrecognised or unsupported during childhood.

Early masking, uneven performance and feeling misunderstood

Many people said they coped academically, but only because they masked extensively or because their strengths in certain subjects concealed wider difficulties.

One person told us:

> "I got through school quite well but was very split by subjects I loved and worked very hard at, and subjects I didn't care about and was really bored in. I would act out because of it and sometimes if it was too easy or just

not interesting, I would be quite disruptive. I've always loved the arts and music and dance and have been pursuing that for as long as I can remember. I never felt right in a school setting, always felt very overstimulated by the surroundings. I learnt to mask a lot throughout school and looking back definitely showed lots of signs of ADHD but I also was academic enough that I kind of just got through it without it being a problem for them. I loved the teachers who made me feel like my extra energy and creativity was a gift; subjects like PE and drama, English and cooking. I do wish that every child at a certain age has to take some kind of test because not all parents/teachers have the knowledge or understanding to spot those things and I wish I'd been tested for ADHD as a teen."

Others described being misinterpreted because staff lacked awareness of autism or ADHD in girls and gender-diverse pupils. One young person recalled:

"I struggled so much with my GCSEs and asked my teachers if I had ADHD and was laughed at. I was bullied and changed schools 3 times as no one understood I was Autistic with ADHD."

School as a difficult or traumatic environment

Sensory overwhelm, bullying and inadequate support were common themes. Some described school as "horrible" or "traumatising", for reasons including; bright lights, noisy spaces, uncomfortable classrooms and lack of flexibility.

One person said:

"Primary school was ok but secondary school was horrible. I couldn't go… It was painful mentally and physically."

Another told us:

"There are so many bright lights and uncomfortable chairs and rooms that make concentrating feel impossible… I masked a lot at school… I didn't

feel like teachers understood my needs but I didn't understand them either."

Several people linked the absence of understanding or support with long-term consequences:

"School was awful for me… I went through horrendous bullying from both teachers and students from primary school all the way up to sixth form. It is clear now that I was having meltdowns regularly, but was treated as a student behaving badly."

Positive experiences when staff understood or when learning environments changed

Despite common challenges, some people described positive experiences, especially where individual staff members took time to understand them or where they could study subjects they enjoyed.

"I had a really good form tutor who was patient with me and let me talk things through with her… I think now that I masked heavily through school years and was like a chameleon to fit into different groups."

Others described flourishing in further or specialist education:

"My overall experience in education has been positive… but it can be hard for staff to understand different viewpoints on how children work."

"I got my diagnosis before my 3rd year of uni and my lecturers were really supportive. DSA was a really easy support process… I loved learning."

"Uni is a bit better because I am more independent and I like what I am studying. Also if things get too much at uni I can just go home, I couldn't do that at school."

Leaving school early and barriers to returning to education

Some people had to leave education entirely due to lack of understanding or severe distress:

> "I left school at 14 as I was admitted to hospital till I was 17… I taught myself 3 GCSEs at home… I decided I did not want to go back into education as it was too stressful for me."

Across responses, people told us that:

- Difficulties were often worsened when autism or ADHD went unrecognised.
- Masking was a common coping strategy but left many exhausted or misunderstood.
- Positive experiences usually came from individual staff members who listened, or environments that allowed autonomy and aligned with special interests.
- Many felt their challenges could have been reduced with earlier identification, better awareness of the female and gender-diverse neurodivergent experience, and more flexible support.

Relationships & social life

We asked people to describe their friendships, relationships and social life.

People's experiences varied widely, but many described a long-standing sense of difficulty, exhaustion, or mismatch in social expectations.

Several people told us that friendships have always been hard, especially when they need low-maintenance relationships that are not always available. Some said they had lost many friends during their teenage years and early 20s, both before and after diagnosis, often because their needs weren't understood.

A number of respondents said they now keep their social circles very small, choosing the comfort of close friends, partners, or family over larger social groups. For some, this is a conscious choice to reduce pressure: "I like going places with my family and boyfriend… I feel a lot less pressure."

Others explained that while they used to be highly sociable, this sometimes served as a way of escaping difficult feelings. As they grew older, they shifted towards fewer but deeper friendships, valuing trust and emotional safety.

Many people described ongoing misunderstandings in friendships. Some reported being dropped or criticised for things linked to ADHD or autism—such as not replying to messages, difficulties interpreting tone, or being seen as rude for being direct. One person said, "People know I have ADHD but still drop me

when I don't reply… No one really accepts and understands my differences."

For some, maintaining friendships is difficult because of burnout or fatigue, which limits how often they can socialise, even with people they care about: "I love my neurodivergent friends, but I'm so tired all the time from trying to exist."

A few respondents found connection mainly through online friendships, where distance and reduced social pressure made interactions easier.

Not all experiences were negative. Some people said they have wonderful, strong friendships, often with other neurodivergent people who "just get it" and show patience when communication is difficult. Others said that their deep empathy helps them build meaningful bonds, even if they have only a few of them.

However, loneliness and missed connection were common themes. Some told us they felt unseen because friends "don't know the real me," often masking their true preferences to fit in. Others felt sad about having few friends or said that adulthood made it harder to meet new people, especially when working from home or living with long-term health challenges.

"I am starting to feel like my friends don't know the real me, which feels really lonely. I don't like doing the activities they do but I do them anyway because otherwise I would not have any friends. I like to do things socially, but find things easier when things aren't really busy. I have started to not do so much with friends because I always feel really tired and ill after but I really want to spend time with people."

Relationships were also discussed. Some people reported positive experiences with partners who understood their needs. Others described challenges, such as difficulty handling change, forming attachments quickly, or struggling to understand what is typical in relationships, which sometimes led to unhealthy dynamics.

We asked people whether their friendships or relationships were affected by how others understand or misunderstand the ways autism and ADHD can present in women and gender-diverse people. 10 people said yes, 1 said no, and 1 said they were not sure.

Many people told us that misunderstanding and stereotypes can have a significant impact on their relationships. Several respondents described losing friendships.

"[I don't think my friendships are affected] so much now but they definitely were when I first thought I might be autistic. I had a lot of friends and coworkers believe me then when I got diagnosed and was trying to unmask more, my friends didn't enjoy this. A lot of people think they know about high masking, late diagnosed women, but they don't. As the saying goes 'if you've met one autistic person, you've only met one', every single autistic person I know is totally different and it's not always true that we all get along. I've often found the most difficult friendships/relationships are with other neurodivergent people"

Others highlighted that people still hold narrow ideas of what autism 'looks like', often based on stereotypes of boys with highly visible special interests. One respondent shared how their own interests were dismissed because their special interest looked different to what is expected, which meant their needs were overlooked and left them feeling isolated.

"I don't feel like my friends or parents understand what autism is like for me. Looking back there were a lot of signs. My special interests were considered normal because I am a girl. I loved reading a particular type of book and would not go anywhere without them and knew everything and anything about them and would talk about them until it annoyed people but no one thought that was a special interest they just thought I liked reading. I think when people think of someone who is autistic, they think of a boy who really likes science or trains or something like that. I think they think of someone who is like Sheldon Cooper on The Big Bang Theory but that is not how autism shows up for me. Because I feel like people don't understand my experience I feel really lonely."

Some respondents told us they had experienced relationship difficulties caused by miscommunication or misinterpreting social cues. For example, one person described being told they were "making it about myself" when they attempted to empathise by sharing similar experiences. Another said that people sometimes assume they are "being rude" when they are simply being direct.

"I have absolutely had poor relationships because people have not recognised my autistic traits. One example is that an old friend of mine

(who was quite horrible anyway, in hindsight), was really mad at me because every time she spoke to me about a recent traumatic event, I linked it back to an experience that I knew about or had had. She got really annoyed because it felt like it was me trying to make it about myself, but I was trying to empathise and thought I was doing it right. She never told me this, and I only found out through another friend, which really hurt."

However, not all experiences were negative. Some respondents told us that having neurodivergent friends or partners had made a positive difference. These relationships often provided understanding, patience, and support. One person explained that their partner could recognise when they were becoming overwhelmed and "was able to help me without me needing to explain."

Some also shared that friendships feel easier when people understand neurodivergent experiences across genders, though they noted that wider public awareness in this area remains limited. One contributor highlighted that gender-diverse autistic and ADHD people can struggle to "find common ground" because of fear of judgement.

"To those who don't have the most expansive knowledge or know what the neurodivergent experience is like, it can be difficult to explain that different genders experience autism and ADHD differently including those who are gender-diverse who may struggle to find a common ground in their fear of judgement from others."

Overall, the responses show that while supportive, neurodivergent-aware relationships can be highly protective, a lack of understanding, especially around how autism and ADHD present in women and gender-diverse people, can lead to loneliness, conflict, and loss of friendships.

Masking

We asked people how they felt about masking—the effort to hide or minimise autistic or ADHD traits in order to fit in, feel safe, or avoid judgement. The responses showed that masking is a significant and often exhausting part of daily life for most people who took part.

The majority of respondents said that masking is tiring and something they rely on to get through everyday situations. 9 people told us "I find masking exhausting" and 10 people said "Masking enables me to do things I would not be able to do without masking." For many, masking is both a tool for safety and a source of emotional strain. One person described the emotional toll of switching

between versions of themselves depending on the environment, with one person sharing:

> "I masked heavily through school years and was like a chameleon to fit into different groups."

Many also reported mixed or conflicted feelings. 7 respondents selected "I feel mixed emotions about masking."

How often do people mask in everyday situations?

We also asked people how much of their time they spend masking in different areas of their lives. The results show that masking is highest in education and healthcare settings, and lowest at home.

Setting	Average % of Time Masking	Responses
Home	26%	11
Work	60%	11
School or education	80%	11
Healthcare appointments	74%	11
Socialising with friends	55%	11
Spending time with family	53%	11

Overall, these responses highlight the need for environments, especially schools, workplaces, and health settings, where people who are autistic or ADHD can safely be themselves without needing to mask to be believed, accepted, or understood.

Understanding and recognition of neurodivergence

Gendered experiences of masking

Current academic research indicates that high masking is more frequently reported among people assigned female at birth due to a variety of different factors such as:

- Showing more internalised behaviours e.g. anxiety, social mimicry, perfectionism rather than externalised behaviours like hyperactivity.
- Socialisation pressures that encourage girls and gender-diverse young people to conform to expected behaviours and develop more sophisticated social masking strategies
- Misdiagnosis or late diagnosis partly due to the typical presentations that is described in medical literature

These tendencies can delay recognition and diagnosis because individuals who mask 'successfully' are less likely to display behaviours that professionals have been trained to identify. Importantly, these studies emphasise how social pressures and gendered expectations — such as being "good," "sensible," or socially accommodating — shape how neurodivergent traits are expressed and interpreted.

Our respondents described similar experiences. Several reflected that masking began early and that this made their needs less visible to educators and clinicians. We will share these experiences in more detail in the following section of the report.

Gender and the recognition of autism or ADHD

We asked whether gender identity or sex assigned at birth affected how seriously their experiences were taken. Nearly three-quarters (73%) said yes, highlighting a strong belief that gender plays a significant role in delayed recognition, misdiagnosis, and lack of support.

People told us they were often not believed, or their traits were minimised because they did not fit the stereotypical "male" presentation of autism or ADHD.

> "People say 'you don't look autistic'. Autism is always shown as a little boy who likes trains… Women and girls get pushed aside because of lack of awareness."

Although not exclusive to women and gender diverse people, masking was another gendered pattern:

> "I think young girls learn to mask earlier so help wasn't offered."

A number of people felt their mental health struggles or stress levels were treated as separate issues instead of possible indicators of neurodivergence:

"They focused on my mental health and didn't see the autism… Had I had extra support earlier, my mental health would be much better."

"Autism was never looked at because people just thought I was anxious."

Several respondents described years of being overlooked because their special interests did not match the stereotypes associated with boys:

"My special interests were just seen as a young girl enjoying her hobbies."

Some also reported not being believed by clinicians:

"Doctors have not believed me when I say I think I'm autistic."

Our findings support a widespread perception that gender-based assumptions continue to shape how autism and ADHD are recognised, and that these assumptions can lead to delays in support.

Could signs have been recognised earlier?

We also asked people whether they felt autism or ADHD could have been recognised sooner by teachers, families, GPs, or other professionals. Nearly two-thirds (7 people) said yes, while 3 were unsure, and 1 person said no.

Many people described long periods of struggling without understanding why, often because their needs were misunderstood or overlooked. A recurring theme was that early signs of autism or ADHD were present but dismissed or misinterpreted, often because their presentation did not match stereotypical notions of autism or ADHD.

One person explained that in infancy early signs were missed:

"My mum took me [to the doctors] because when I was a baby I wasn't responding to my name… she was told it was nothing."

Others reflected that academic achievement hid their distress:

"I was a high enough achiever the educators didn't mind… I wasn't quite bad enough to be a problem but didn't get any help."

Masking also contributed to needs going unnoticed:

> "I think I kept lots of things to myself… I hid it well because I didn't know the cause myself."

Some respondents found, in hindsight, that their difficulties were clearly documented:

> "Looking at preschool notes there were a number of very obvious clues."

People also described how autism traits were misinterpreted as personality, hormones, or mental health conditions:

> "Sleeping when I got home from school was thought of as hormonal… My special interests weren't seen as autistic… People think I'm bossy or over the top, but I'm just trying to be clear."

Overall, people told us that stereotypes, misunderstanding, and a lack of awareness, particularly around how neurodivergence presents in women and gender-diverse people, meant their needs were missed for long periods of time.

Mental health experiences

How are people feeling?

Most people told us they struggle with their mental health on a regular basis. 9 out of 11 respondents said they "always" or "usually" struggle, with the remaining 2 respondents experiencing difficulties "sometimes." No one chose the options rarely" or "never."

What helps people take care of their mental health?

People used a wide range of strategies to support their wellbeing.

Rank	What helps?	Response Percent	Response Total
1	Spending time on 'special interests'	100%	11

2	Spending time with pets or animals	91%	10
3	Being alone	91%	10
4	Listening to music	73%	8
5	Spending time with friends	64%	7
6	Therapy/counselling	55%	6
7	Exercise	55%	6
8	Reading	45%	5
9	Watching TV	45%	5
10	Scrolling	27%	3
11	Researching	18%	2
12	Going to a youth group in my area	18%	2
13	Other (gaming & yoga)	18%	2

When mental health is misunderstood

A number of respondents told us that their mental health challenges are sometimes dismissed because they are neurodivergent. Around one in three agreed or strongly agreed that their mental health difficulties had been explained as part of being autistic or ADHD.

> "People assume I'm struggling because I'm autistic rather than recognising when I actually need help."

Furthermore, respondents said the opposite is also true: their neurodivergence is dismissed as "just mental health issues." Six out of ten people agreed or strongly agreed that this had happened to them. For some, this created barriers to being understood or taken seriously.

Accessing mental health support

Most respondents (8 out of 11) had tried to access mental health support such as counselling or therapy. All of those who had received support did so in Gloucestershire.

People had accessed a wide range of support, including counselling, CBT, mentoring, psychotherapy, and school-based support. Experiences varied significantly. Some found therapy helpful and valued consistent relationships:

> "My current support is super helpful… the space feels safe and non-judgemental."

Others described negative or unhelpful experiences:

> "Years of awful therapies… sitting in a plain depressing room with bright lights and intense eye contact."
>
> "Until I had it for a sustained period with the same person, it felt pointless."

How easy is it to find and use mental health support?

6 out of a total of 7 respondents felt that finding mental health support was neither easy nor difficult, and only one person described it as "easy." No one described the process as "difficult" or "very difficult."

> "My mum did it for me at the time but I remember it was a long wait"
>
> "[The support] was forced upon me and it was not helpful"
>
> "My gp suggested it as I didn't want to be medicated at the time"
>
> "My parents helped me at the time"

However, once people began accessing services, experiences varied:

- 50% (4 out of 8 respondents) found access easy
- 38% (3 out of 8 respondents) found it difficult or very difficult

Some people shared:

"A more friendly relationship and non-clinical environments would have helped. Everyone is different and support should be tailored."

"I had to wait a while"

"I have never found the right service"

"I was reliant on my own actions to make the first appointment which was difficult"

"I am not sure how long you should wait but I think it was ok"

"I was with Gloucestershire counselling services which was good but I just didn't feel like it worked for me"

What was helpful and not helpful about support?

"I actually had different types of support. 6 sessions with a counsellor at the GP around 10 years ago - that was not helpful. Other counselling support was, but until I had it for a sustained period of time with the same person, it felt pointless."

"Had no relationship with any of them. They were horrible all the time."

"My current support is super helpful. I have a good relationship with my counsellor. The space always feel safe and non-judgemental, and there's no pressure to talk about things that I don't want to speak about. The space also have a cosy blanket which is quite nice to sit under."

"I liked the person who did my cbt which helped me be more honest I wish I could go back now to have a few more sessions with the same person as like a review or top up but I know that's not possible"

"Therapy was good when I could afford it. Counselling over zoom I didn't like as much and I didn't find it very helpful. Or personal."

"I didn't build a strong relationship with my counsellor, I struggle with previous ones too"

What would have made support better?

Respondents said they would benefit from:

- Consistent support with the same person
- Autism-specific or neurodivergent-trained counsellors
- Longer-term support rather than short blocks
- Face-to-face sessions rather than online
- More welcoming, less clinical spaces

"One size does not fit all, and this was never recognised in my care."

Why some people haven't accessed support

The respondents who had not accessed mental health support said the reasons for this were that they:

- Did not know where to start (100%)
- Felt overwhelmed (67%)
- Didn't want others to know they needed support (67%)
- Worried they would not receive support even if they tried (33%)
- Didn't feel like they needed constant support (33%)

What support would people like?

Respondents identified a range of types of support that would help them, including:

Answer Choice	Percentage	Response Total
Creative therapies (e.g. art, music, drama)	91%	10
More professionals who understand neurodivergence	73%	8
Help with daily living skills or routines	73%	8

Peer support from other neurodivergent people	64%	7
Support with managing emotions (e.g. anxiety, overwhelm)	64%	7
Support for parents or carers of autistic / ADHD people	64%	7
Talking therapies (e.g. counselling, CBT)	55%	6
Sensory-friendly spaces or wellbeing hubs	55%	6
Quicker access to services or shorter waiting times	55%	6
Activities that help me relax (e.g. walking, exercise, yoga)	55%	6
Neurodivergent-friendly social groups or activities	45%	5
Support groups for autistic / ADHD people	45%	5
More consistent support in school or college	45%	5
Online or text-based support options	45%	5
Help with transitions (e.g. school to college, children's to adult services)	27%	3
More youth clubs or drop-in centres	18%	2
Other ('financial support')	9%	1

More respondents leaned toward holistic and creative approaches, signalling a desire for support that feels accessible, non-clinical, and affirming, not just for themselves, but also for those who help care for them.

Times of transition

One of our respondents shared their experience of transitioning between children's and adult services, highlighting how abrupt and unsupported this change can feel.

They described children's services as being "forced on you in a way that made you hate them," while adult services felt as though they "forget you exist." Turning

18 was experienced not as a gradual step, but as a sudden withdrawal of support, with an expectation of independence that did not reflect their needs. As they explained:

> "When I turned 18 it was almost like 'you are an adult now so you can cope fine and do everything yourself and be in charge of your care,' when actually I can't be in charge of my care, I still need parents' support even though I am a few days older."

This highlights how age-based thresholds can overlook the realities of neurodivergent young people's support needs, particularly during major life transitions.

Areas for further exploration

During this project, people shared experiences that fall outside the primary scope of this report but may warrant further consideration. These areas are not examined in depth here; however, they highlight potential gaps in understanding, pathways, or support that could benefit from future engagement or research.

Foetal Alcohol Spectrum Disorder (FASD)

When we spoke with a parent of a child with FASD, we became aware that there is currently no commissioned diagnostic pathway or support services for FASD in Gloucestershire. While this project did not focus on FASD, national awareness of its prevalence is increasing, and the absence of a defined local pathway presents challenges for affected children and families. Given the overlap in presentation between FASD, autism, and ADHD, and the significant impact FASD can have on daily functioning, this may be an area that would benefit from further local exploration and system-wide consideration.

High masking across genders

Although this report focuses primarily on the experiences of young women and gender-diverse people, we heard that some social and diagnostic challenges linked to masking are experienced by young men who engage in high levels of masking. These insights suggest that while gendered socialisation may influence how masking develops and is interpreted, the consequences of masking, such as delayed recognition, unmet needs, and impacts on wellbeing, may be shared across genders. Further work could explore the similarities and differences in how masking affects young men, young women, and gender-diverse people, and how services can respond in ways that are inclusive and responsive to need rather than shaped by gendered expectations or stereotypes.

Access to assessment for children and younger people under 18

We also heard from one parent seeking and ADHD assessment for their 10-year-old daughter in primary school. They described being told that the primary route to assessment was through the school system, with a requirement for a Myplan Plus to be in place and reviewed on multiple occasions before a referral for an assessment could be considered. They reported that their child's school and SENDCO was reluctant to initiate a Myplan Plus as the child was not perceived as "disruptive" and their needs were not considered significant within the school environment. In contrast, the parents described notable difficulties at home, including restlessness, distraction, sleep issues, food-related sensory sensitivities, emotional distress, and meltdowns after school. They told us they feel their child may be masking their difficulties during the school day, with the impact becoming more apparent in environments where they feel safer.

They raised concerns that this pathway may disadvantage children whose neurodivergent traits are less visible in the classroom or do not align with commonly recognised presentations of autism or ADHD.

They also told us they strongly feel their child may have ADHD but do not feel able to confirm this without a formal assessment. As a result, they described uncertainty about how to explain their child's experiences to her or how to support her developing sense of identity in a way that feels honest and appropriate. They expressed concern that delays in access to assessment may leave children without validation or understanding of their needs at a critical stage of emotional and social development.

Provider response

Gloucestershire Health and Care Trust and NHS Gloucestershire ICB

We appreciate the opportunity to read and reflect on the experiences of children and young people involved in this report. We recognise how difficult the waiting is for young people in Gloucestershire. As part of our referral criteria we ask that children and young people are supported through Gloucestershire's Graduated Pathway Graduated Pathway of Early Help and Support | Early Years Service to ensure that their needs are carefully monitored by the adults who know them well, so that if needs change or intensify – staff can support further by making adjustments. Gloucestershire's Local Offer provides a wealth of information and support options Glosfamilies Directory | Autism, ADHD & Neurodivergence Support

Our GHC websites offers advice to parents and families about supportive services in Gloucestershire both including information and helpful videos

- CAAAS > Gloucestershire Health & Care NHS Foundation Trust
- Supporting a Childs Neurodiversity https://www.ghc.nhs.uk/our-teams-and-services/children-and-young-people/camhs/support-a-childs-neurodiversity/

In addition when networks of professionals reach out to our service we will offer personalised advice or consultation to those professionals who are working with the child or young person. We are also working closely with our system partners to develop a needs led approach that supports personalised adaptations and support for all young people regardless of their gender and work on this pathway is due to progress across 2026/27 and will include training offers for professionals

We recognise how historical stereotypes around autism have led to Women and Girl's needs being overlooked, however as a service we work hard to take a personalised approach to understanding need and recognising differences and how these present and impact across contexts. We are updating our website to reflect this. In addition we have worked with our CAMHS Parent Support Team to develop a relational neuro affirming based parenting approach to support families when their children are experiencing big emotions.

NHS Gloucestershire ICB has also invested in short term interventions to reduce the waiting list and is working closely with Gloucestershire Health and Care Trust and the wider local area partnership on ways we can reduce this further and support children and young people that are waiting for an assessment.

Information on Right to Choose is publicly available on the Local Authorities Local Offer pages which is regularly updated - Glosfamilies Directory | Children's Autism and ADHD Assessment Service (CAAAS) there is also information on GHC's pages via Support a child's neurodiversity > Glos Health & Care NHS Foundation Trust

Appendix – developing our approach

During July to September 2016, we spoke with organisations supporting children and young people aged 11–25 as well as young people themselves to ask what methods of engagement would feel accessible, comfortable, and meaningful to them. We also engaged with organisations and networks that specifically support autistic and ADHD young people.

During this time, our Engagement Officer conducted a literature review of relevant articles that have been used to inform wider understanding of autistic and ADHD experiences.

We spoke with 16 young people, two parents and organisations including Young Gloucestershire, The Door Youth Project, Active Impact, Gloucestershire Health and Care NHS Foundation Trust, The Hundred Heroines Museum, Gay Glos, and Can't Sit Still. We also attended relevant meetings and networks, including the Autism and Neurodivergence Partnership Board, Neurodiversity Network conference and the Community of Practice for children and young people.

Given the relatively small sample size and the sensitive nature of people's experiences, we have not named all organisations or groups involved in this report in order to protect individuals' anonymity.

What we heard

Young people and professionals working alongside them shared a range of views about what would work best for engagement:

- Surveys were seen as a good option for people who were not accessing support at the time, or for those who prefer to write down their experiences privately. Some groups had also expressed that they would prefer not to have organisations visit to respect the needs of individuals and keep their spaces safe, secure and predictable for young people. They were happy to be sent information about the project and to engage remotely.
- Creative methods were valued as an alternative way for people to share experiences, particularly for those who may find traditional discussion difficult.
- Focus groups could work well for some young people, provided they were held in relaxed, supportive environments.

While some young people told us they generally find surveys "boring", one person shared a positive experience of completing a survey that used strong

visual design and illustrations, describing the images as "beautiful." This design encouraged peers to complete the survey, purely because of how it looked and felt.

We also heard that financial compensation for people's time is extremely important. This applied both to young people and to organisations. One organisation told us they were unable to take part because they did not have the capacity for additional work without funding to support staff's time.

How this shaped our approach

In response to this feedback, we developed engagement approaches that aimed to be flexible, accessible, and respectful of people's time and energy. These approaches were designed to offer a range of ways to share their experiences, recognising that no single method works for everyone.

Survey

We developed an online survey with multiple pathways. These pathways were designed using skip logic to guide respondents through the most appropriate questions based on their individual experiences.

We enabled young people to co-develop the survey questions with us. Through these conversations, we learned that providing a clear starting point would be helpful — a set of base questions that young people could then review, critique, and adapt. We also sought input from professionals working with young people, as well as professionals with lived experience of autism and/or ADHD.

Our Engagement Officer, who has lived experience of autism, developed these initial questions based on informal conversations with autistic and ADHD young people and professionals. This approach helped ensure the questions were grounded in lived experience, while still allowing space for co-production and meaningful input.

Creative workshop

We worked in partnership with The Hundred Heroines Project to develop a free, creative workshop for young people aged 14–16. The workshop was designed to offer a supportive, small-group environment, with a maximum of 10 participants, to help ensure the session was accessible and responsive to a range of needs.

We promoted the workshop widely across Gloucestershire, including through the VCS Alliance, the Families in Partnership newsletter, voluntary and community sector organisations, statutory organisations, and Healthwatch Gloucestershire's social media channels. We also shared information directly with over 50 secondary schools and colleges in the county.

However, as only one young person signed up for this, the workshop did not go ahead and alternative arrangements were discussed to hear this person's experiences.

Focus group

We worked in partnership with CASA (Community Autism Support and Advice) to plan and deliver a focus group for autistic and ADHD young people. The session was designed to feel informal, predictable, and welcoming, and was promoted through the same channels used for the creative workshop.

Significant consideration was given to accessibility and comfort. The space included blankets and cushions, drinks and refreshments, fidget toys and colouring materials, and offered multiple ways to engage. Participants were able to share experiences through conversation, by writing or drawing on an 'idea wall', by typing on their own devices, or by writing thoughts down privately to share with the facilitator at the end of the session.

To support predictability and reduce anxiety, we prepared printed session plans that included a clear timetable, scheduled breaks, and a planned wind-down activity at the end of the session. These materials also included information about the facilitators and the venue location, and were available to participants on request in advance of the session.

Unfortunately, no participants attended the focus group on the day but our survey was shared with group members.

Unstructured interviews

Alongside our planned engagement activities, we spoke informally with younger people at various stages of the project. These conversations took place in a range of settings, including during meetings, group visits, events, and follow-up discussions connected to the project.

These unstructured interviews did not follow a fixed set of questions. Instead, they were guided by what individuals felt comfortable sharing, allowing them to raise the issues that mattered most in their own words. This approach helped us capture nuanced insights, reflections, and lived experiences that may not have emerged through more structured engagement methods.

With participants' consent, key themes and perspectives from these conversations have been anonymised and incorporated into the findings of this report. These insights have been used to complement and contextualise the data gathered through surveys and other engagement activities, strengthening our overall understanding of younger people's experiences.

Development of resources

From the outset of this project, we were mindful that the questions we ask could bring up difficult emotions or past trauma for participants. To help safeguard against this, we developed a digital and print leaflet that brings together national and local mental health support options in one clear, easy-to-read resource.

In addition, we created a short, tailored information leaflet about Healthwatch Gloucestershire, designed specifically for younger people that was shared with participants and organisations. This introduces who we are, what we do, and how they can get in touch if they want to share more feedback or access support in the future.

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