# All-age Local Autism Services Survey

## 1.

|  |
| --- |
| **Help improve ADHD and Autism services in Shropshire, Telford and Wrekin.**If you have ADHD and/or are Autistic, or are a parent/carer, share your experiences of local services.  **If you are under the age of 16, please ask a trusted adult to help you complete the survey on your behalf.**We will not be able to identify you from your answers to the survey.   It will take about 10-15 minutes to complete.If you need this survey in a different format, please email stw.communications@nhs.net or call 01952 580300.**This survey closes Sunday, 31 October 2025.  Thank you for your help.** |

|  |
| --- |
| **About you** |

### 1. Tell us about you (please choose one answer)

|  |  |
| --- | --- |
|      | I am aged 16, or above, and I am completing this survey on behalf of myself |
|      | I am a trusted adult completing this survey on behalf of someone aged under 16  |
|      | I am completing this survey on behalf of someone aged 16, or above |

If you are completing this survey on behalf of someone else, please tell us their age, and your relationship to them:

|  |
| --- |
|  |

### 2. What is the first part of your postcode? E.g. TF11.  We ask this question to help us make sure that we hear from people living across the whole of our county.

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

 |

## 2.

### 3. Have you/they ever received a referral for an assessment for Autism?

|  |  |
| --- | --- |
|      | Yes |
|      | No |

## 5. Autism

### 4. Did your/their assessment lead to a formal diagnosis of Autism?

|  |  |
| --- | --- |
|      | Yes |
|      | No |

### 5. How long ago did you/they receive a formal diagnosis for Autism?

|  |  |
| --- | --- |
|      | Not applicable/Still waiting |
|      | Within the last month |
|      | 1-3 months ago |
|      | 3-12 months ago |
|      | 1-5 years ago |
|      | 5-10 years ago |
|      | 10+ years ago |

|  |
| --- |
| Tell us about your experience |

### 6. How did you/they get a referral for an Autism assessment?

|  |  |
| --- | --- |
|      | Through a GP practice |
|      | Through another health professional |
|      | Through a self-funded route |
|      | Through school /college |
|      | Self-referral |
|      | Not applicable |
|      | Other (please specify):

|  |
| --- |
|   |

 |

### 7. What is your experience of the referral process for assessment?

|  | Poor | Fair | Good | Very Good | Excellent |
| --- | --- | --- | --- | --- | --- |
| The referral process |      |      |      |      |      |
| The assessment process |      |      |      |      |      |
| Receiving a diagnosis  |      |      |      |      |      |

Please explain your answer.

|  |
| --- |
|  |

### 8. Was the assessment carried out face to face, or virtually?

|  |  |
| --- | --- |
|      | Face to Face |
|      | Virtually |
|      | Can't Remember |
|      | Not Applicable |

### 9. What is your/their experience of the support received while waiting for assessment?

|  |  |
| --- | --- |
|      | Poor |
|      | Fair |
|      | Good |
|      | Very Good |
|      | Excellent |

Please explain your answer.

|  |
| --- |
|  |

### 10. Which of these forms of support have you/they accessed while waiting for assessment?

|  |  |
| --- | --- |
|      | Family hubs |
|      | Parent carer forums |
|      | The Autism Hubs |
|      | Mental health support |
|      | Peer support/voluntary groups |
|      | Online resources |
|      | Not applicable |
|      | Other (please specify):

|  |
| --- |
|   |

 |

### 11. Approximately how long did you/they wait for the assessment after the referral was accepted?

|  |  |
| --- | --- |
|      | Still waiting  |
|      | Up to 3 months |
|      | 3-6 months |
|      | 6-12 months |
|      | Over 12 months |
|      | Not applicable |

### 12. Which provider carried out the assessment?

|  |  |
| --- | --- |
|      | An NHS funded provider |
|      | A self-funded provider |
|      | Don’t know |
|      | Not applicable |
|      | Other (please specify):

|  |
| --- |
|   |

 |

### 13. What is your/their experience of the support received after diagnosis?

|  |  |
| --- | --- |
|      | Poor |
|      | Fair |
|      | Good |
|      | Very Good |
|      | Excellent |
|      | Not Applicable |

Please explain your answer.

|  |
| --- |
|  |

### 14. Where would you/they normally go to look for support and information?

|  |  |
| --- | --- |
|      | GP |
|      | Local websites |
|      | National websites |
|      | Social media |
|      | Local autism hub |
|      | Local family hub |
|      | Parent Carer Forums |
|      | Social and friendship groups |
|      | Autism West Midlands  |
|      | Shropshire Local Offer  |
|      | Telford and Wrekin Local Offer  |
|      | School/college/university |
|      | Workplace |
|      | Peer support / voluntary groups |
|      | Other (please specify):

|  |
| --- |
|   |

 |

### 15. How would you/they rate the support received within the last 3 years?​

|  | Poor | Fair | Good | Very Good | Excellent | Not Applicable |
| --- | --- | --- | --- | --- | --- | --- |
| Emotional impact of receiving a diagnosis |      |      |      |      |      |      |
| Education |      |      |      |      |      |      |
| Work |      |      |      |      |      |      |
| Housing |      |      |      |      |      |      |
| Medication |      |      |      |      |      |      |
| Relationships/friendships    |      |      |      |      |      |      |
| Social situations and hobbies |      |      |      |      |      |      |
| Managing money and/or benefits |      |      |      |      |      |      |
| Physical health |      |      |      |      |      |      |
| Mental health |      |      |      |      |      |      |
| Access to health or care services |      |      |      |      |      |      |
| Everyday activities |      |      |      |      |      |      |

### 16. What type of support would have helped the most over the last 3 years?

|  |  |
| --- | --- |
|      | Emotional impact of receiving a diagnosis  |
|      | Peer led support |
|      | Education |
|      | Work/school |
|      | Housing |
|      | Medication |
|      | Relationships/friendships    |
|      | Social situations and hobbies |
|      | Managing money and/or benefits |
|      | Physical health |
|      | Mental health |
|      | Access to health or care services |
|      | Everyday activities |

### 17. What needs or concerns do you/they have for the future? (please select all that apply)

|  |  |
| --- | --- |
|      | Emotional impact of receiving a diagnosis |
|      | Help with education at school or college |
|      | Help with seeking employment or at work |
|      | Help with housing |
|      | Provision of medication |
|      | Help with relationships/friendships |
|      | Help with socialising or hobbies |
|      | Help with money and/or benefits |
|      | Help with physical health |
|      | Help with mental health |
|      | Help with accessing health or care services |
|      | Support with everyday activities |
|      | Other (please specify):

|  |
| --- |
|   |

 |

### 39. Finally, what 3 things would most improve the services or support you received?

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

 |

|  |
| --- |
| Thank you for sharing your feedback. Your insights will help shape future Autism and ADHD services in Shropshire, Telford, and Wrekin.If you’d like to provide additional feedback or have any questions, please contact stw.getinvolved@nhs.netFor more information about the Shropshire and Telford & Wrekin Local offer please visit [www.shropshire.gov.uk](http://www.shropshire.gov.uk/) or [www.telfordsend.org.uk](https://www.telfordsend.org.uk)Your response to this survey will not be used for any other purpose.  For information on how we handle data, please [click here](https://www.shropshiretelfordandwrekin.nhs.uk/privacy-notice/). |

|  |
| --- |
| **A bit more about you** |

|  |
| --- |
| The following questions help us make sure that we have heard from a range of different people.They are optional but we would be grateful if you could complete them.**If you are responding on behalf someone, please answer for them.** |

### 40. How old are you?

|  |  |
| --- | --- |
|      | Under 18 |
|      | 18-24 |
|      | 25-29 |
|      | 30-39 |
|      | 40-49 |
|      | 50-59 |
|      | 60-69 |
|      | 70+ |

### 41. What is your religion?

|  |  |
| --- | --- |
|      | Buddhist |
|      | Christian |
|      | Hindu |
|      | Jewish |
|      | Muslim |
|      | Sikh |
|      | Other religion |
|      | No religion |
|      | Prefer not to say |

### 42. What is your sexual orientation?

|  |  |
| --- | --- |
|      | Asexual |
|      | Bisexual |
|      | Gay |
|      | Heterosexual or straight |
|      | Lesbian |
|      | Pansexual |
|      | Queer |
|      | Prefer not to say |
|      | Other (please specify):

|  |
| --- |
|   |

 |

### 43. Do you consider yourself to be transgender?

|  |  |
| --- | --- |
|      | Yes |
|      | No |
|      | Prefer not to say |

### 44. What is your ethnic group?

|  |  |
| --- | --- |
|      | Asian or Asian British – Indian |
|      | Asian or Asian British – Pakistani |
|      | Asian or Asian British – Bangladeshi |
|      | Asian or Asian British – Chinese |
|      | Asian or Asian British – Kashmiri |
|      | Asian or Asian British - Any other Asian background |
|      | Black or Black British – Caribbean |
|      | Black or Black British – African |
|      | Black or Black British - Any other Black background |
|      | Mixed - White and Black Caribbean |
|      | Mixed - Any other mixed background |
|      | White – British |
|      | White – Irish |
|      | White - Gypsy or Irish Traveller |
|      | White - Any other White background |
|      | Other ethnic group - Arab |
|      | Other ethnic group – Other |
|      | Prefer not to say |

### 45. Do you consider yourself to be a disabled person?

|  |  |
| --- | --- |
|      | No |
|      | Yes - learning disability |
|      | Yes - mental ill health |
|      | Yes - mobility |
|      | Yes - sensory impairment |
|      | Yes - Long Term Health Condition |
|      | Yes – Neuro-diverse |
|      | Prefer not to say |
|      | Yes - other (Please specify)

|  |
| --- |
|   |

 |