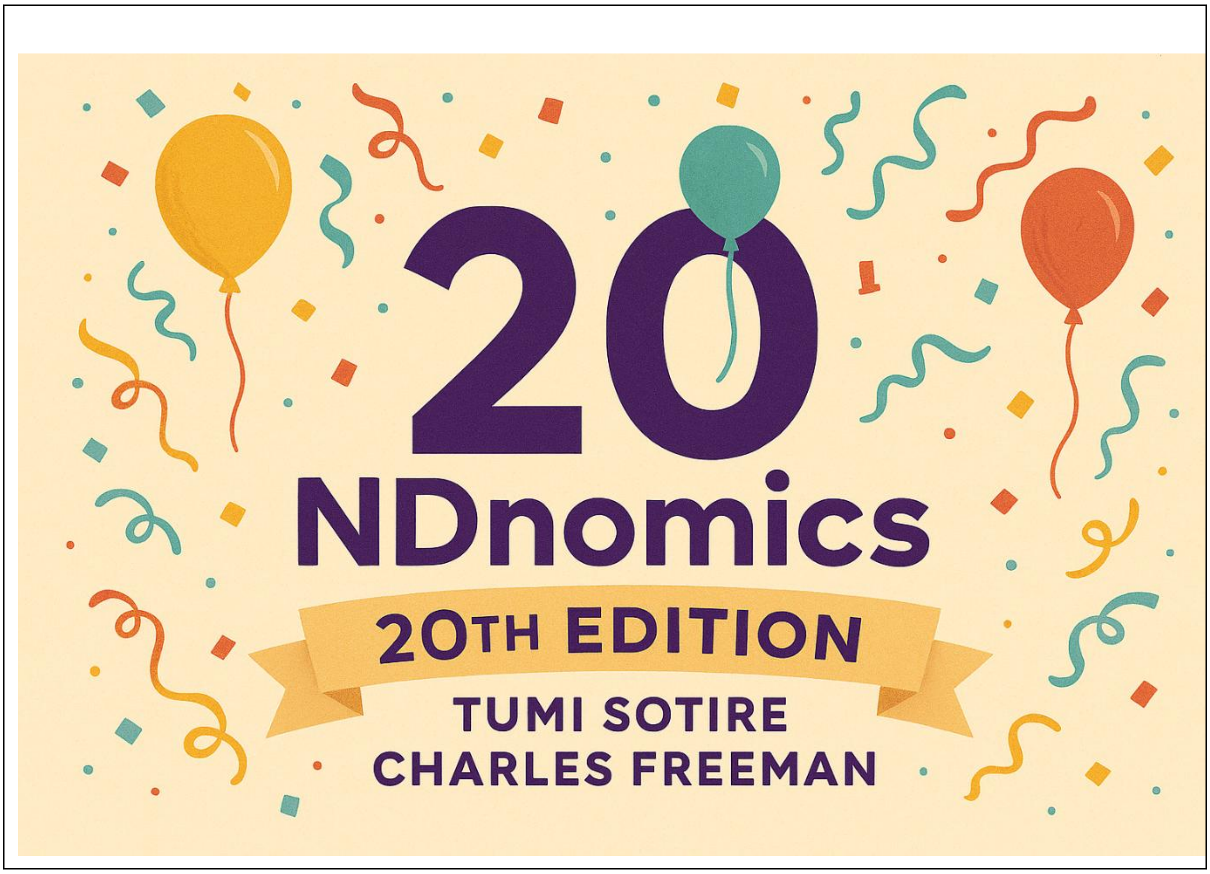


How failed public policy facilitates the Neurodiversity Industry, and harms the Neurodivergent Community-

Charles Freman Feb 2026

1) Introduction

This blog examines the potential harm experienced by the neurodivergent (ND) community when individuals feel compelled to seek diagnosis and support from commercial service providers.

This need is real. NHS waiting times for an ADHD assessment may take several months or even years. (NHS, 2025) The British Dyslexia Association estimate that only 20% of dyslexic children are assessed at school. (BBC, 2019). Local Education Authorities frequently resist providing SEN support and EHCPs to neurodivergent children. Parents as result feel compelled to get private assessments. When parents choose to fight schools and Local Authorities, in order to obtain support for family members, they nearly always win. 98% of EHCP appeals to tribunals are won by the families. (National Autistic Society , 2024)

My intention in writing this blog, is not to blame any ND person or any parent of an ND child. I strongly believe every ND person and Parent of ND children has a right to try their best to obtain the best education, employment, and quality of life outcomes by whatever means is open to them. This will include paying for assessments and support including private education and seeking legal advice in order to secure public services to which they have a right.

I do not intend to criticise the many ethical businesses and professionals who are dedicated to providing valuable, often life-changing, services. Rather, my focus is on how the market's structure can exacerbate inequality, distort perceptions of genuine need, foster a sense of unfairness that increases stigma associated with neurodiverse conditions, and create an environment in which certain unscrupulous individuals or organisations prosper.

2) Failed public policy, has created a market structure which gamifies access to publicly funded Neurodiversity Support

Dr Philip Kirby points out that from the early days of the dyslexia movement, the UK Government sought to deny that the term dyslexia was meaningful. Kirby reports that the Department for Education advised Mary Warnock not to use the term dyslexia in her 1978 report on special education needs. The Department for Education feared that Government could not afford to provide additional education support to 10% of the population. (Kirby , 2018) My belief is that many of the traits associated with dyslexia in the 1970s would now be more broadly associated with Neurodivergence. Much of the debate about the “crisis in SEN funding” and increasing diagnosis of ADHD and Autism echoes the debate in the 70s surrounding dyslexia. It is coloured by the desire to protect budgets rather than an aspiration to enable every person to fulfil their potential.

The desire to count the cost of provision and ignore the benefits of supporting ND individuals to fulfil their potential persists in public policy circles. The institute for fiscal studies, in a recent report argue that the special education needs system in the UK has become unaffordable. This is attributed to an increase in diagnosis for neurodivergent conditions primarily Autism and ADHD, leading to unsustainable numbers of education and health care plans being awarded, often after parents have appealed Local Education Authority Decisions. (Institute of Fiscal Studies , 2024) However, the rising numbers of neurodivergent people diagnosed at school, is likely to reflect historic under diagnosis, increased awareness, and widening definitions. Indeed, it is probable that significant under diagnosis is still occurring. (Guardian , 2024). Furthermore evidence suggests that over the lifetime of an ND individual providing more rather than less support makes both economic sense for the taxpayer and enhances the quality of life for the individual. The economic benefits include, higher rates of employment and productivity, increased tax revenue, reduced benefit costs, reduced health care costs. (Coles et al , 2010).

Support for neurodivergent adults is also hard to access. NHS waiting lists for assessments are several months long. It can take 6 months or more to get, support at work via the governments access to work scheme (RNIB , 2023). Furthermore, Neurodiversity has become politicised. The telegraph arguing we can’t afford so many people with ADHD and Autism on Benefits (The Telegraph , 2025).

The failure of public policy, to unambiguously acknowledge the needs of ND people, and provide transparent timely channels through which to access assessment and support, has created a vacuum. The private sector has filled this vacuum. Demand for commercial providers offering assessments and support has increased. These commercial providers frequently advice on how to access publicly funded support such as extra time in exams, EHCPs and Access to Work Support.

The commercial sector has become a key gateway to public services to which all ND people have an entitlement. Essentially private businesses have positioned themselves as guides, helping those who can pay to navigate a series of escape rooms. Each successfully completed escape room unlocks privileges or services, such as EHCPs, Extra time in exams, or accommodations at work.

In my view the way the ND community have been forced to rely on commercial services to access the support needed to succeed is unhealthy both for the ND community itself and society. In the following sections I will describe some of the ways it causes harm.

3) Ways in which unhealthy reliance on commercial provision is harming the ND community

The resistance of the Department for Health and Social Care and the Department for Education to adequately fund early assessment and support for ND people, has in my view facilitated an unhealthy reliance on the commercial ND sector, which despite frequent good intention often causes harm to the ND community. This harm includes-

- The magnification of inequalities,
- Growth in the perception that ND people are gaining an unfair advantage,
- The Increased association of Stigma to ND conditions.
- Distortion of perceptions of need, so that these reflect the interests of the commercial sector rather than the ND community.
- Inconsistent quality of provision and unregulated provision can waste public money, damage ND people, and lead to the exploitation of the ND community.

3.1) Increased Inequalities

An obvious harmful consequence of the failure of public bodies to offer support to people with ND conditions is that it increases inequalities. Families with financial resources and knowledge of how the SEN systems works, are likely to seek support if they perceive their child to be struggling at school. They will often succeed if they get a private diagnosis and employ lawyers. Families without resources and knowledge of the system are far less likely to gain support. Professor Amanda Kirby, in a teaching times article, describes how two young people with similar traits but different outcomes, can be treated differently by a range of public agencies, leading to vastly different outcomes and prospects. (Kirby A. , 2021)

The capacity of a family to get a private diagnosis, challenge a school or education authority at a tribunal often plays a critical role in enabling a pupil to obtain an Education and Health Care Plan. (EHCP). Getting appropriate support early increases the likelihood a pupil will pass maths and English GCSEs and possibly progress to university and/or employment.

Two think tank reports highlight the links between accessing support for ND conditions and economic prosperity. The Sutton trust report Double Disadvantage draws attention to the way economic inequality and special education needs combine to amplify disadvantage. This report notes that middle class parents are significantly more likely than less well-off parents to spend more than £5 000 on the EHCP process. It further notes parents who spend more than £5 000 have a greater than 90% chance of success, while parents who spend less than £5,000 only succeed in 69% of cases. (The Sutton Trust, 2025).

The Joseph Roundtree Foundation also draws attention to the complex relationship between poverty and special education needs. Roundtree and the Sutton trust both make the point that having a child with special education needs will frequently economically disadvantage a family. The incidence of special education needs therefore tends to be above average in families with a right to free school meals. Rowntree however identify that unusually dyslexia is more frequently identified in schools within prosperous communities than it is within schools in deprived communities. They attribute this to under diagnosis in deprived communities. (Joseph Roundtree Foundation , 2016).

The same forces drive inequality in adult life. The ADHD taskforce report noted that people with ADHD are at risk of poor education, employment health, and wellbeing outcomes. It also noted that with timely support people with ADHD can thrive. (NHS , 2025). The same is true of the wider ND community. However, at the same time the report was published the BBC revealed that many health trusts have closed NHS ADHD assessment waiting lists. Average waiting times for assessment are in many cases measured in years. (BBC, 2025). However people who can afford private assessments can frequently fast track the system and access the support they need.

3.2) Perceptions of Unfairness

There is an increasing belief that obtaining a paid for ND diagnosis grants access to services and privileges not open to the general population. These services include additional support at school, extra time in exams, access to mental health support or reasonable adjustments at work. These services are often not offered to people who have not paid for assessments. This creates the impression that the system is unjust.

3.2.1) One rule for the privileged, another for everyone else - A perception has grown up around neurodiversity that different rules apply to the already privileged than apply to everyone else. A good example is the debate surrounding extra times in exams. 42% of pupils in independent schools are allowed extra time in exams while only 26% of pupils in state secondary schools get extra time. (Schools Week, 2024). These differences are sometimes attributed to independents schools gaming the system. However, the reality may be the reverse. Financial pressures on state schools may mean they are under utilising the system, denying pupils who rightly should be given extra time, from getting the help they are entitled to. (Guardian , 2025).

3.2.2) Spending on SEN and ND support is not affordable and is damaging non-ND pupils - School budgets are under acute pressure. According to the institute of fiscal studies spending per pupil fell by 9% between 2009-10 and 2019-20. (IFS, 2025). Spending on Education and Health Care Plans EHCPs however rose by 71% between 2018 and 2024 (Institute for fiscal studies , 2025). The fall in spending per pupil, which has recently been reversed is the direct result of Government policy. It is not a consequence of money being redirected to fund EHCPs. Parents however have an increasing sense of grievance that cuts in budgets for mainstream pupils are taking place at a time when SEN expenditure is increasing. This leads to resentment of the support given to ND pupils, who account for the largest increase in EHCP plan expenditure.

3.2.3) ND people are gaining unfair advantages at work and in education - Reasonable adjustments are intended to help level the playing field. They are designed so that ND people (and other people with disabilities) are enabled to fulfil their potential in education and maximise their productivity at work. This is needed as government policy recognises that without support ND people are disadvantaged.

However, many people perceive themselves to be disadvantaged but do not have a label. Many of these may be themselves ND but unable to get a diagnosis. Only 3% of the population have an ND diagnosis, 12% self-identify as being ND. (Apperly, 2024) yet it is estimated 15-20% of the population are ND (Bell, 2023). Others believe that access to quiet workspaces, flexible working or work coaches would increase their productivity. Fellow workers will therefore sometimes feel it is unfair that someone with an ND label can access what they perceive to be privileges when they can't.

3.3) Public Policy Resistance in accepting the needs of ND people has led to ND conditions being stigmatised

Public Bodies and politicians have questioned the existence of neurodivergent conditions, used language which frame neurodivergence negatively, blamed parents for their children's experiences, and cultivated negative public attitudes. In the eyes of many people and communities, neurodivergent conditions are therefore surrounded by a sense of embarrassment and stigma. Some people are intimidated by this stigma and consequently embarrassed or ashamed to ask for help. The stigma associated with ND conditions tends to have a disproportionate impact on already disadvantaged groups.

3.3.1) Politicians who want to make savings, argue that need is not real - Philip Kirby reported that in the 1970s officials in the Department for Education under a labour Government chose not to acknowledge the existence of dyslexia as they did not think the country could afford to provide support for 10% of the population. In the 1980s under the conservative government the existence of dyslexia was eventually acknowledged (Kirby P. , 2018).

However, denial of the existence of ND conditions and attempts at victim blaming continue. In 2024 conservative councillors in Warwickshire claimed that bad parenting was leading to an increase in demand for SEN services and cast doubt on the existence of neurodivergent conditions such as ADHD. (Disability Rights UK , 2024).

Richard Tice Reform deputy leader has also claimed that neurodivergent conditions are over diagnosed and that this is leading to a crisis in funding. (TES , 2025). Kemi Badenoch leader of the conservative party has claimed people with ADHD are unfairly buying subsidised luxury cars through the mobility scheme. (Daily Express, 2025).

3.3.2) Journalists popularise the notion ND conditions are fake - Political opinions are often reinforced by press reports, sometimes quoting minority academic opinion. In the UK journalists including Peter Hitchins, who states that ADHD is a fake diagnosis (Hitchins, 2025) and Julie Birchell who asserts Dyslexia is just another word for stupid. (The Argus , 2007).

Journalists often feed off academics with controversial views. For example, the dyslexia debate by Elliot and Grigorenko, articulated a legitimate minority academic view that dyslexia was a meaningless term. (Elliot, 2014). The book challenged the consensus expressed in the governments rose review. (Rose, 2009). Most academics in the field continued broadly to support the majority view. However, the book initiated a press frenzy, which gave the impression that academic opinion had changed. This gave licence to academy trusts and local authorities who wanted to cut support for dyslexic learners.

3.3.3) Professionals' victims blame and deny need - Professionals will also seek to protect budgets by creating barriers which discourage people who are entitled to support from gaining the services which would improve their life chances. I recall attending a workshop at which a SENCO (special education needs coordinator) from a school in a deprived neighbourhood stated, "that he didn't recognise dyslexia as he needed to deal with children with proper disabilities." At another workshop, a fireman stated that at his school he was told black kids did not get dyslexia. He did not get support until he got to college. Back in the 70s I recall an educational psychologist telling my parents that I was not dyslexic they were just anxious parents. I was saddened to read in a recent report professionals are still making these types of comments. (Clements, 2025).

Stigmatising attitudes are often reinforced by family friends and community members. A family friend once stated. "Dyslexics are the cream of society. Rich and thick". Stigma acts as an invisible barrier, which disproportionately prevents already disadvantaged groups from accessing the support they need. Well informed, well networked, and well-resourced families. Will not allow a family member to struggle, they will ignore the stigma and find a way to get help. However less confident people, often feel intimidated by opinions expressed in the press, and by professionals, they will therefore be prevented from getting help to which they are entitled.

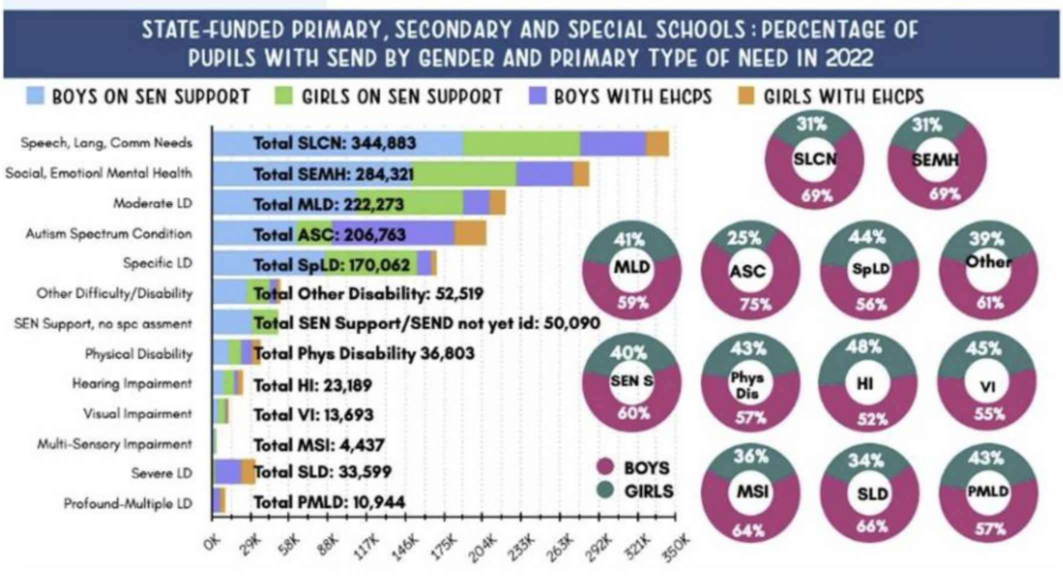
3.4) The commercial sector distorts perceptions of needs

Lack of public funding to support people with neurodivergent conditions, has forced people with the budget to rely on commercial providers. Commercial providers inevitably focus their services on those who can afford to pay and ignore those who can't. This leads to a distortion in perceptions of need.

3.4.1) Commercial providers serve people who can afford to pay and ignore people who can't - Commercial providers tend to focus on the minority of people in the ND community with a budget to pay for assessments and extra support. The majority without a budget frequently go unsupported. Most attention given to the minority obtain support. The greatest level of need is however found in the invisible ND community.

3.4.2) Services reflect the needs of those who can afford to pay - People who pay want to get positive outcomes from their investment. The commercial nature of the relationship, therefore, puts pressure on the service provider to do what the person paying for the service wants.

Within many Local Authority areas, students with a dyslexia diagnosis do not qualify for an EHCP plan, while students with an autism diagnosis will secure an EHCP. Many people have co-occurring dyslexia and autism. While in the 2010s a dyslexia diagnosis was frequently sufficient to obtain adequate support, an autism diagnosis is now required. It is noticeable that since the introductions of EHCPs the number of students being diagnosed with autism has increased and now exceeds the number of students being diagnosed with dyslexia, even though the estimated incidence of dyslexia in the population is thought to be considerably greater than the estimated incidence of autism



(Tirraoro, 2023)

3.4.3) The market develops services which reflect the things funders will pay for rather than what is most helpful to ND individual's - Commercial providers design services to meet available budgets, and criteria set by funders. These funders are often public sector organisations. For example, I recently spoke to a head teacher at a fee-paying school which specialised in working with young people with ECHPs. He was aware of the maximum budget commissioning managers in the Local Education Authorities, would pay without needing additional authorisation from more senior officers, and set his fees accordingly. The fees were tailored to fit the available budget, rather than the cost of delivering the service.

Similarly, when in the past I have had workplace assessments for access to work (A2W). I have been aware that assessor offers me a menu of interventions which they know access to work will fund. These include assistive technology, training in the use of assistive technology, job strategy coaching and support workers or virtual assistants. All of these interventions can be extremely helpful to ND people.

However, the choice of what A2W will or won't fund frames the market. Sometimes A2W clients will be encouraged to use services which they don't find helpful. (I have always struggled to trust voice to text software, other people have a great experience) , other clients are discouraged from getting support from for example a virtual assistant which they would find helpful. They will frequently be told access to work will not fund virtual assistants or pay industry average day rates. Only to find from others in the community that A2W is funding their virtual assistant. This leads to the impression that gatekeepers are controlling services funded by ATW rather than services being tailored on a personalised basis to meet the needs of clients.

3.4.4) The businesses which focus on supporting the neurodivergent people they employ are not the businesses that employ the most neurodivergent people - Businesses that prioritise EDI policies and pay for most, neurodiversity awareness training are usually larger organisations employing ND graduates, professionals, and middle managers. However, the ND population is underrepresented in professional and middle management jobs. The majority of ND people work in non-graduate roles. They are more likely to work for small or micro businesses than for larger corporate organisations. They frequently work on short term contracts or as freelancers. (Freeman, 2024).

Discussions regarding support for neurodivergent individuals in the workplace are consequently often focused on graduates employed within corporate organisations that have established HR departments. However, this framing does not accurately reflect the experiences of many neurodivergent people who require support while working in sectors such as construction, land-based industries, hospitality, or the creative and digital industries.

3.4.5) The voices talking about Neurodiversity, often reflect business interests rather than the voice of the ND community - Over the past decade the number of voices talking about neurodiversity in the press, radio, television, and social media has grown significantly. Many of the people talking about neurodiversity also are seeking to sell their services. There is nothing wrong in this. However much of what they talk about reflects the market they serve. Corporate clients, and individuals who can privately afford to buy services. Much of the discussion is therefore unrepresentative of the wider needs of the community.

It should however be noted that some excellent free content exists on social media. Self-Advocacy has also been a key driver of change. The neurodiversity movement after all arose out of self-advocacy and a frustration with professional voices, which tended to reinforce a medical view of neurodivergent conditions, which tended to focus on deficits rather than strengths.

3.5) The Unregulated Commercial Neurodiversity Sector creates space for unscrupulous operators

The vast majority of people working in the neurodiversity space strive to do a good job. Most people genuinely want to help ND people to fulfil their potential. However sometimes services are not evidenced based, lived experience is not always sufficient to ensure good outcomes, and vulnerability can attract snake oil salesman.

3.5.1) Non-evidence-based support - Within the neurodiversity sector it can be difficult to distinguish between qualified and unqualified practitioners or to know if a proposed intervention is accepted good practice or well marketed but untested. Within the field of talking therapy, many councillors on the counselling directory claim a specialism in working with neurodivergent people, but few have qualifications to prove this. While I was at school my parents were frequently seduced by tutors, who said my dyslexia would be cured by" good old fashioned teaching". One to one attention definitely helped. However rather than curing my dyslexia some tutors left me, with a heightened sense of failure and more insecure about my ability to read write and spell.

3.5.2) Lived experience is not sufficient to ensure good outcomes- Many ND people work in the ND sector supporting other ND people. Their lived experience can give them a level of understanding, which is rarely found outside the ND community. They can often therefore provide very valuable support. However, some ND people see working in the ND sector as a business opportunity or a way to get into employment when other options have been closed off. This does not always work. Sometimes ventures fail. On other occasions services offered don't match industry best practice.

Very often ND people will understandably argue that people speaking or providing services for free undermines the market on which they are dependent for a livelihood. Many ND in this space are self employed and need to be paid in order to survive. The expectation that all workshop leaders should be paid is however double edged.

Many grass roots organisations run by volunteers and serving the hardest to reach ND communities, can't afford to pay speakers. If these organisations were forced to charge more than a token amount for events they would exclude their target audience. Shaming volunteers for not paying self-styled ND advocates the going rate damages the glue that binds the ND community.

It is also not easy for many small businesses or public sector bodies to find a budget for ND awareness training. When I was in paid public sector employment I would regularly deliver awareness training and speak at conferences for free. My bosses expected me to this as disseminating a message to key audiences was part of my job. My salary covered the costs of my delivering these sessions. In the neurodiversity world there are relatively few advocates who are employed in jobs with a remit to disseminate good quality information about neurodiversity. Organisations with limited budgets will frequently chose not to run an ND awareness session if the cost is too high. Even when they know it would benefit the organisation, they will frequently choose not to pay an ND advocate to deliver training. They will on the other hand attend free sessions or workshops at conferences they are already attending. They may also take advantage of publicly funded services such as access to work.

The boom in interest in neurodiversity training, has also attracted commercial players into the market. Lucy Hobbs points out that a few years ago this space was dominated by authentic ND freelancers who were mission driven. However bigger commercial players, who sometimes see neurodiversity as branch of a wider business training agenda have started to dominate the market, frequently squeezing ND led practitioners out. (Hobbs, 2025)

3.5.3) The ND community can be seen as being vulnerable, this can attract the unscrupulous -
Parents concerned about a ND child failing at school, ND people struggling to gain or maintain employment and ND people with poor mental health are all vulnerable. Many unscrupulous practitioners will offer appealing solutions for a price. Sometimes they appeal to a sense of masochism. You won't like it, but you know it will be good for you. Sometimes it will be tech wizardry. This gadget will change your life. Sometimes it will be Psychobabble. This new approach to teaching makes passing exams easy for dyslexics. All too often these offers turn out to be snake oil and totally worthless.

Without regulation and clear industry standards it is difficult for even well-informed members of the ND community, to know what best practice is and what is snake oil. Many of the Snake Oil sellers, will appear on the surface to have all the relevant qualifications and experience.

4) Conclusions

4.1) A mixed economy in support for ND Conditions has existed since at least the 1980s -
Following the Warnock report the Department for Education has recognised that pupils with special education needs are entitled to support. Dyslexia was recognised as a condition requiring support in the 1980s. The definition of autism was widened to include Asperger's syndrome in the 1990s and ADHD was recognised in the early 2000s.

Parents and ND people have often needed to fight to get the support they are entitled to. They have had to pay for private assessments, tutoring, coaching and mental health support.

Neurodiversity is not the only field which faces these challenges. They are common in the field of mental health. However, few other communities face the same systematic challenges in accessing services from cradle to grave.

4.2) The failure of the public sector to provide universal access causes harm to the ND community -

- Resistance to universal provision means that ND people who face the highest level of pre-existing disadvantage on account of poverty, ethnicity or gender are most likely to be denied access to diagnosis and support. Resources are instead sucked to the more advantaged who can afford private assessments and lawyers to fight tribunal cases.

- The way that services are delivered creates an illusion of unfairness. Non ND people come to suspect ND people are being given unfair advantages. While ND people who can't access services believe the system is stacked against them. These perceptions damage the entire ND community.

- The political dialogue regarding neurodiversity is often designed to stigmatise ND conditions so as to reduce pressure on budgets. This adds an additional barrier, which frequently prevents people from the most disadvantaged communities from asking for the support they are entitled to.

- Commercial providers have focused services on those who can afford to pay, rather than those who have most need

- Lack of Regulation has led to some poor-quality service provision and exploitation of vulnerable members of the ND community.

4.3) Opportunity exists for reform -

- The life cycle saving which could be achieved by providing universal access to assessment and support, would cover costs.

- Attempts to ration support by raising the thresholds at which pupils receive EHCP support, has proved counterproductive. Pupils denied support have sought private assessments which show they meet the new criteria. Leading to increased numbers receiving the most expensive support, wider access to earlier and more personalised support might prove more cost effective.

- Better workplace support, might help keep more ND people in employment, access to work support reaches less than 1% of the ND community. Wider access might increase tax revenue and reduce benefits costs.

- More voluntary regulation within the sector could raise standard and improve credibility. Some great examples of good practice exist. Professor Nancy Doyles motives for establishing Genius Within as CIC , was to raise standards in the industry. Her concept was to establish a market leading organisation providing support for ND people in the work place. Matt Boyd had a similar vision when he established exceptional individuals as a specialist agency supporting ND people get into employment. Professor Amanda Kirby established Do it Profiler as a lead organisation in delivering training and developing screening tools . All these organisations and many others trade commercially but are driven a vision to improve the lives of ND people. However, in my view more still needs to be done in the industry to drive up standards and drive out the cow boys and girls.

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