



Neurodivergent
MiNDs

Trustees' Annual Report

**For the period:
23rd August 2022 to
31st May 2023**

Registered Charity Number: 1200152



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Charitable objects

The purposes of the charity as set out in the governing document

The objects of the CIO are, for the public benefit, to promote and protect the mental health of neurodivergent people in the United Kingdom, by means of, but not exclusively:

- a. issuing grants to neurodivergent individuals in need of psychological therapy, to enable access to approved, neurodiversity-affirming therapists;
- b. connecting neurodivergent people with effective, neurodiversity-affirming support;
- c. providing evidence-based information and guidance for neurodivergent people on understanding their mental health needs;
- d. seeking to advance the knowledge and skills of mental health professionals, health and social care staff and other primary points of contact for neurodivergent people;
- e. educating public service providers, academic researchers and the wider population on neurodiversity, acceptance and genuine inclusion, promoting acceptance and understanding of the differing abilities and needs of all individuals and combating stigma and discrimination.

For the purposes of this clause:

“Neurodiversity” refers to the natural variation in neurodevelopment across all individuals - the diversity of all brains and minds.

“Neurodivergent” describes a person whose neurodevelopment falls outside of the ‘typical’ range, including neurodevelopmental differences such as autism, ADHD, dyslexia, dyspraxia and Tourette’s Syndrome.

“Neurodiversity-affirming” means an approach which embraces neurodiversity and seeks to understand an individual’s unique profile of strengths, interests and support needs, empowering the individual to advocate for their needs and supporting them to achieve their personal goals.

Main activities

The trustees of Neurodivergent MiNDs have regard to the Charity Commission's public benefit guidance. We ensure this guidance is taken into account when making any decisions to which it is relevant.

The financial period for this report encompasses the initial setting-up phase for Neurodivergent MiNDs. Our activities were primarily focused on:

- ❖ information gathering and research
- ❖ ensuring compliance with guidance and legislation
- ❖ planning and development of our charity structure and our initial activities, based on the findings of our user research.

By these means, we aim to ensure that our charity priorities, values and the services we deliver are directly relevant to our beneficiaries and in alignment with their goals and values, enabling us to be truly effective in furthering our purposes for the public benefit.

Information gathering and research

Review of academic literature

We identified key themes emerging from current academic research on the protection and promotion of the mental health of neurodivergent people. For a range of neurodivergent subgroups (Autism, ADHD, Dyslexia, DCD, Tourettes) we reviewed the literature on:

- Prevalence of mental health problems, mental illness, suicidal ideation and suicide
- Possible causes, correlates and risk factors for specific mental health conditions
- Experience of receiving treatment for mental health
- Barriers faced in accessing mental health treatment
- Barriers faced in accessing healthcare in general
- Knowledge and skills of mental health professionals
- Effective forms of treatment and support.

We placed emphasis on findings gathered from participatory research in which neurodivergent people have been involved throughout the research process, for example:

- setting the research question
- designing and delivering the research
- analysis and discussion of the research findings.

By reviewing current research, we were able to establish key areas in which we should focus on improving the skills and knowledge of professionals. We built our knowledge of good practice in providing effective, accessible treatment and support for neurodivergent people experiencing mental health problems. We identified areas in which neurodivergent people require information and support to enable them to access effective support for their mental health. Each of these contributed to the development of our values and practical objectives.

User research

We undertook some preliminary user research to ensure the activities and services we develop and the guiding principles underlying the decisions we take are aligned with the values and priorities of our beneficiaries. Co-production is fundamental to our values as a charity, and this research was key to determining our direction.

The questions we asked in this research were on the following themes:

- Experience of receiving support from mental health services
- Identifying examples of good practice in the provision of mental health support
- Barriers in accessing effective support for mental health
- Identifying services which would be helpful in connecting neurodivergent people with effective support for their mental health
- How we can reach the most people with our services
- The information people would like to have available to help them find effective support for their mental health.

People who participated in our user research in this period fell into the following categories:

- neurodivergent adults with lived experience of mental health problems
- neurodivergent young people with lived experience of mental health problems
- parents and carers of neurodivergent children and young people.

The initial format we adopted for our user research was a Focus Group. Through this process we identified that this research method may not be an effective way to gather the views and experiences of many of our intended beneficiaries, due to accessibility barriers.

Our subsequent research has been conducted using the Research Interview method. This format enables individual accessibility requirements to be effectively met, creating an environment in which participants feel comfortable in sharing their experiences. Research interviews also allow for greater flexibility in the questioning route, enabling the interviewer to be responsive to the needs and experiences of the individual.

We are committed to ensuring we embed the practice of user research, co-development, co-design and co-delivery in all our activities and project planning. By continuing to listen to and amplify the voices of our beneficiaries, we will ensure we are effective in furthering our charitable purposes for the public benefit.

Ensuring compliance with guidance and legislation

The furthering of our charitable purposes for the public benefit requires us to minimise the potential for negative consequences resulting from our activities. With this in mind, our setting-up phase involved taking steps to ensure we are compliant with guidance from the Charity Commission and other key bodies on the core areas of:

- decision making for the public benefit
- financial management
- data protection
- safeguarding
- equity, diversity & inclusion
- risk management.

We have developed a trustee induction programme and evaluated the required skill set for our board, identifying key roles and responsibilities and ensuring our trustees undertake the necessary training requirements to fulfil those roles effectively.

Planning and development of our charity structure and initial activities

On the basis of the information gathered from our user research and review of the academic literature, we developed our charity vision, mission and aims, and our short-term and long-term plans for the development of our services and activities.

Achievements and performance

In June 2022, we conducted an initial focus group, inviting neurodivergent people and their loved ones to share their experiences of accessing mental health support and contribute their views on our priorities for our services and activities. **Appendix 1** (page 16) presents the views and experiences shared by those who attended.

Taking into account the views and experiences of our intended beneficiaries, we developed our charitable purposes and a plan for the activities we would undertake.

The charity was registered as a CIO on 23rd August 2022.

Further to the charitable purposes, we established our vision, mission and values:

Our vision

Every mind is valued.

Our mission

We centre the experiences of neurodivergent people to:

- ❖ advance the knowledge of professionals within the mental health system;
- ❖ connect people with effective mental health support;
- ❖ empower neurodivergent people to unmask, express their needs and be heard.

Our values

We represent - We provide a platform from which all parts of our community can be heard, actively seeking out the voices of those who are traditionally disadvantaged. Every action we take and decision we make is informed by ND voices.

We amplify – We place neurodivergent experience at centre stage, so professionals can learn and society can change for the better.

We respect – We value differing perspectives and treat everyone with fairness, equity and dignity.

We are authentic – We nurture a culture of openness, accessibility and trust to make space for genuine two-way communication.

We learn – We seek out knowledge and expertise to inform our practice and guide our progress. We listen and we learn from our mistakes.

We honour diversity – We celebrate the range of human difference whilst being wholly mindful of the lived realities of disabled people and those from marginalised groups who may face significant challenges in daily life.

Developing a plan for the future

Our research has highlighted the key barriers neurodivergent people face in finding effective support, and the areas in which they feel our charity could be of most benefit to them. Based on this, our initial focus is to:

- Develop an optimally accessible, easy to navigate web resource with information guides, fact sheets and a directory of services to enable beneficiaries to:
 - build their knowledge and understanding of their own mental health symptoms and needs
 - understand their legal rights in relation to accessing effective support and treatment
 - find out which neurodiversity-affirming services are available to them and feel able to access those services
 - direct mental health professionals involved in their care towards factsheets and resources to build their knowledge and skills in supporting neurodivergent people effectively.
- Utilise social media to raise wider public awareness of neurodiversity, neurodivergent mental health, accessibility and inclusion, in order to reduce the stigma and discrimination faced by many neurodivergent people in their daily lives. In addition, use this platform to share educational resources for professionals, promoting neurodiversity-affirming practice in providing support and treatment to neurodivergent people.
- Engage with local service providers to initiate some 'Healthy MiND' events – offering accessible and inclusive classes and activities which may have a positive impact on the mental health and wellbeing of neurodivergent people in the local area (for example, exercise classes, art classes, music classes, nature walks).
- Conduct further user research, with a wider group of neurodivergent people from diverse cultural backgrounds and representative of the multiple intersectional identities of neurodivergent people today.

By developing this plan based on the priorities set by our beneficiaries, we are ensuring that our current and future activities are furthering our charitable purposes for the public benefit.

Financial Review

As noted above, Neurodivergent MiNDs registered as a CIO on 23 August 2022 and has a year end of 31 May. The activities in the nine month period to 31 May 2023 were focused on information gathering and research, compliance with guidance and legislation, and development of the charity structure and short- and long-term plans. The activities during this period were undertaken by the trustees on a voluntary basis. No costs were incurred by the charity in the period to 31 May 2023. During this period voluntary donations of £5,220 were received, which were eligible for gift aid of £1,250. These donations are non-restricted and, as such, have been allocated to the general fund, resulting in total general fund reserves of £6,470 as at 31 May 2023. As at 31 May 2023 there are total net assets consisting entirely of cash at bank of £6,470.

These accounts have been prepared on a going concern basis. No funds are considered to be materially in deficit.

Policy on reserves

The charity requires reserves to cover operating fluctuations, contingency plan for income shortfalls and support the charity as it builds its fundraising. The charity's policy is to hold at least three months cover for expenditure in free cash reserves. The charity complied with this policy and as at 31 May 2023 had free cash balances of £6,470.

Structure, Governance and Management

Neurodivergent MiNDs is a charitable incorporated organisation (CIO). Its governing document is a CIO foundation constitution.

New trustees are appointed by the existing trustees, by a resolution passed at a properly convened meeting of the charity trustees.

Reference and Administrative details

Charity name: **Neurodivergent MiNDs**

Other name the charity uses: **ND MiNDs**

Registered charity number: **1200152**

Charity's principal address: **82 Stansted Rd, Bishop's Stortford, CM23 2DZ**

Names of the charity trustees who manage the charity:

	Trustee name	Office	Dates of trustee service
1	Zara Fryer	Chair	23/08/2022 – present
2	Lucy Coghill	Treasurer	23/08/2022 - 02/10/2023
3	Hannah Prince	Secretary	23/08/2022 – present
4	Charlotte Hatchard	Treasurer	02/10/2023 – present
5	Timothy Brown		02/10/2023 - present

Trustees' responsibilities in relation to the financial statements

The trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011 and the *Charities (Accounts and Reports) Regulations* 2008. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Declarations

The trustees declare that they have approved the trustees' report above, Neurodivergent MiNDs Trustees' Annual Report 2022-3.

Signed on behalf of the charity's trustees:

Signature	
Full name	Zara Fryer
Position	Chair
Date	07/03/2024

Statement of Financial Activities

for the period 23 August 2022 to 31 May 2023

	Unrestricted funds £	Restricted funds £	Period ended 31 May 2023 Total £
Incoming resources			
Voluntary donations	5,220		5,220
Gift aid	1,250		1,250
Total incoming resources	6,470	-	6,470
Total resources expended	-	-	-
Net income/(expenditure)	6,470	-	6,470
Net movement in funds	6,470	-	6,470
Reconciliation of funds			
Fund balances brought forward	-	-	-
Fund balances carried forward at 31/05/2023	6,470	-	6,470

Balance Sheet

as at 31 May 2023:

	Notes	Unrestricted Funds 31/05/2023 £
Current Assets		
Cash at bank	2	6,470
Total current assets		6,470
Creditors; amounts falling due within one year		-
Total current liabilities		-
Net current assets		6,470
Total assets less current liabilities		6,470
Total net assets		6,470
Funds of the Charity		
Unrestricted general funds		6,470
Restricted funds		-
Total Charity Funds		6,470

The financial statements were approved and authorised for issue by the Trustees on the 07/03/2024 and signed on their behalf by:

Zara Fryer
Chair of Trustees
Date: 07/03/2024

Notes to the Financial Statements

for the period ended 31 May 2023

1. Accounting Policies

a) Basis of Preparation

These accounts have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant notes(s) to these accounts.

The accounts have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), and with the Charities Act 2011.

The period of reporting is the 9 months from 23 August 2022 to 31 May 2023 as this is the first period of account starting from the date of establishment as a Charitable Incorporated Organisation. As this is the first period of account there are no comparatives for the period ended 31 May 2023.

b) Public benefit entity

Neurodivergent MiNDs was established under a CIO constitution and is registered with the Charity Commission under the reference of 1200152. Neurodivergent MiNDs constitutes a public benefit entity as defined by FRS 102.

c) Fund Accounting

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The cost of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund (if applicable) is set out in the notes to the financial statements.

d) Income

All incoming resources are included in the statement of financial activities when the Charity is entitled to the income and the amount can be quantified with reasonable accuracy.

Gift Aid receivable is included in income when there is a valid declaration from the donor. Any Gift Aid amount recovered on a donation is considered to be part of that gift and is treated as an addition to the same fund as the initial donation unless the donor or the terms of the appeal have specified otherwise.

e) Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings, they have been allocated to activities on a basis consistent with use of the resources.

f) Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short term liquid investments with original maturities of three months or less, and bank overdrafts.

2. Cash at bank and in hand

	Unrestricted Funds
	31/05/2023
	£
Cash at bank	6,470
Total Cash at bank and in hand	6,470

3. Transactions with Trustees and Related Parties

None of the trustees have been paid any remuneration or received any other benefits from an employment with their charity or a related entity.

No trustee expenses have been incurred.

There have been no related party transactions in the reporting period.

Appendix 1

Initial Focus Group: Views and Experiences

Our needs:

- Understanding & compassion through sharing lived experience
- Information & support

Our experiences:

- Engagement & harmful misperceptions
- Misdiagnosis & missed diagnoses
- Lack of compassion, not being listened to
- Six therapy sessions is not enough
- Lost in an unfair system



Educating professionals is so important. In the broken system that we have, **at least when you are finally seen by someone they could help you.**

I feel very passionately about awareness and acceptance. **I really just hope my son grows up in a world which accepts him for who he is.** That's everything to me. **That's the biggest thing.**

It's compassion. **Professionals need understanding and training. Yes. But also, compassion.** You shouldn't need to be trained in that.

We need more people sharing personal experiences. One of the books I read had stories at the back written by people with ADHD. **That was the most interesting part. Where I learned the most.**

We need understanding. **People just don't get it, and that's all I want.** A sense of recognition and understanding

We need to listen to neurodivergent people. I follow a group where autistic people answer questions. **It has done me a lot of good - gave me a different perspective.**

I think it's important to get neurodiversity seen a bit more. Podcasts, tik tok videos, online information. There is a lot out there, but they're not all trustworthy sources. Like, selling herbal remedies for ADHD.



I need an overview of how it should work. **A website that tells you the steps you need to take** and what all the different teams are and acronyms mean.

We need to know **what to do, where to go, how it works.** I feel lost.

Direct support for neurodivergent adults. My adult nephew doesn't like it when my sister tries to help. **It would be good if he could go himself to someone who understands and offers help.**

Groups like this. **Meeting other parents and neurodivergent adults.** Sharing what support is out there. What has helped.

Something to **signpost you to things locally that are inclusive and accessible.** Actually knowing they have understanding of what you might need. **Knowing the support is there for you to access would be so helpful.**

It's so hard to find support. Life is so busy. I feel full of guilt. I'm spending all my spare moments searching. **If it could all be in one place. With clear information.** This would really help.

Some of the best support I've had, and understanding and knowledge, is not from the professionals, its **from the forums or groups** - things like this focus group. **People who share your experiences.**



The health professional said that **'there's not much she can do'** for him because 'It's **harder for children with autism to engage in therapy'**

I liked (the psychologist). **He asked me about what I liked.** He liked the same music as me. **He was good to talk to.**

My son hated the sessions, so **he wouldn't engage.** He said **'all she wanted to talk about was the things he was bad at'** rather than the things he was good at'.

When he's horse riding, with the RDA, **he's a different child.** He chats to whoever is sidewalking him. **He has built close relationships.** He will often come out with things when he's riding. **He'll open up. It's good for him.** He's always really, really calm and always really wants to go.

He had trauma therapy. They thought the trauma was from how he was treated at primary school. **He was engaged, it helped him.** But it was for a 6 week period. It was like they've ticked the box and you're done.

My son has a mentor. **He loves this guy!** He's supposed to take him out to do different activities, but he doesn't particularly like going out. They spent 2 hours inside throwing a ball back and forwards and talking. **The mentor said 'as long as he's engaging, it doesn't matter how we do it.'** This is the most positive support he's had.

We asked the GP to refer us to CAMHS. It took 20 months. She had been out of school for over a year. She was offered 6 weeks of counselling for anxiety. I didn't think that was the main thing. (She's now diagnosed autistic). **After 2 weeks** the counsellor said **'It's not really working'.** **They said 'She wasn't engaging'**



They said '**He doesn't have a mental health issue, he has a behavioural issue.** But, they could prescribe him antidepressants'. And, on the same day, they discharged him.

I feel there are **barriers in acknowledging other diagnoses.** My son is autistic, I suspect he's also dyslexic, he has a lot of anxiety. When I've raised this, I get '**Well it won't make any difference**'. But I think it's really important for our knowledge, and his knowledge.

The consultant said some things that I can't get my head around. That '**it's common for autistic kids to have anxiety, it might not be a mental health difficulty**'. It's like they're belittling his experiences. He needs help.

We asked the GP to refer us to CAMHS. It took 20 months. She had been out of school for over a year. She was offered 6 weeks of counselling for anxiety. **I didn't think that was the main thing.** (She's now diagnosed autistic). After 2 weeks the counsellor said it's not really working. They said 'she wasn't engaging'

He's still depressed and his anxiety is through the roof. Still threatening to kill himself. But, **because he has Conduct Disorder as his diagnosis they just see it as a 'behavioural thing'**. Even though, school – they believe he is autistic. So, we're going back through.



She was suicidal. They kept her in for 4 nights. It was horrendous - **they did nothing. They were really cold.** There was no help, no anything.

I didn't realise the people we'd been referred to weren't CAMHS yet. They were the first stage. They weren't great. **My son was suicidal. My husband had a bleed on the brain** about 2 weeks before that, so he was quite upset about that as well. We told them, and they said 'oh, well, we'll have a chat with your son.' **They literally sat in the room with him at the end of the session, for about 2 minutes, and went 'I think he'll be fine'.** They didn't refer us on to CAMHS

We were waiting for a CAMHS referral. The early intervention team gave us 3 weeks of anger management. **He tried to kill himself within that 3 weeks. They didn't even refer him onto CAMHS** from that.

In the hospital, **they'd spoken to her for about 10 or 15 minutes.** Went away. Said they'd go and speak to their team. They made a decision that the plan was for her to go home. I've never been so scared, so worried. **My daughter was suicidal and they did nothing.**

We were in A&E. They were just awful. **My daughter feels really strongly about it.** She says that **she can't believe** the way they... **the lack of care.** They're the children's crisis team. It should include treatment and they didn't, nobody at any point did that.



When we did have the six weeks' therapy support. **We missed two because of her anxiety.** They said 'Well, if you miss two we chuck you off, but we'll make a special case'. I had to bite my tongue. **The very reason for being there is why she can't come in. Six sessions to fix a big problem.** It's ridiculous.

It's like a tick box. **You do your 6 sessions and that's it.** See you later.

It's like it's **'one size fits all'**. You're done and off you go.

My son, **it takes him about a month to trust somebody.** That's four of the six sessions right there. It's crazy!

CAMHS turned around and said 'Go and have six weeks of counselling'. **But, I've got a son who's physically headbutting the wall**

He had trauma therapy. They thought the trauma was from how he was treated at primary school. He was engaged, it helped him. **But it was for a six week period.** It was like **they've ticked the box and you're done.**

Six sessions, rather than **'let's get to know you and see what you need'**



She said 'Your son needs more support than he's getting and **if you were from a different background he would be getting it.** You need to fight more.' That's what she said to me.

We were told to contact the team for support for medical absence. **It was hard to find the information. It was a very 'cold' website.** More about children that had physical illness.

The thing is, it's not her fault that this is the system. I often find it's not the person you're talking to necessarily. **The system is just bonkers.**

She was using all these acronyms. I said, 'I don't know what any of these are'. So, she said, 'Well, you need to do your research then'. I'm doing my best. I haven't got any history in this at all. **There are always a lot of assumptions that we already know the system, but we don't.**

They just push you from one place to another. GP to CAMHS to psychologist to GP. They don't want people to come in. They don't have the resources.

It's not knowing where to go. **You're just lost in the system.**

