

Bracknell Forest All-Age Integrated Autism Strategy: 2025 -2030



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1. Foreword

Our new autism strategy is for people of all ages. It explains our goals for supporting autistic children, young people, and adults in Bracknell Forest over the next five years.

Autism affects how people see and interact with the world. It's a spectrum, which means it looks different for everyone. Autistic people might communicate, think, or socialize in ways that are different from others. They may like routines, have strong interests, or be more sensitive (or less sensitive) to things like sound, light, or touch. When we understand and respect these differences, we help make our community more welcoming and supportive for everyone.

We appreciate the strengths and contributions that autistic people bring to our communities and workplaces. We also understand that society isn't always built in a way that supports autistic people physically, socially, or emotionally. That's why we're working to make things better and more inclusive.

Our all-age autism strategy is a plan for the future. It shows how we will work together: Bracknell Forest Council, Frimley NHS, Berkshire Healthcare Foundation Trust, and local community organisations, to support autistic children (and their parents or carers), young people, and adults. We want to help autistic people do well in school and work, spend time with friends and family and stay healthy and feel good.

We want every autistic person in Bracknell Forest to have a good quality of life. Our shared vision is to make Bracknell Forest a welcoming and inclusive place for autistic people. We believe it's everyone's job to break down barriers and help create a community where everyone can take part and feel included.

Our ambition is to make Bracknell Forest a place where autistic people can achieve their life goals. We know this can only happen if we all work together, Bracknell Forest Council, health services, and community organisations. That's why we've all helped shape this strategy.

Together, we're committed to making a real difference for autistic people in Bracknell Forest.

Grainne Siggins
Executive Director: People
Bracknell Forest Council

Tracey Faraday-Drake
Director for Children, Mental Health,
and Learning Disabilities
NHS Frimley Integrated Care Board

2.Strategy on a page

2.1 Our vision

Bracknell Forest is committed to being an inclusive place for autistic people to live. We believe it is everybody's responsibility to remove barriers to participation and promote inclusivity.

2.2 Our approach

To achieve this, we will:

- provide accessible information and signposting and raise awareness of autism within the community.
- collaborate with all members of the community, services, health and social care, education, businesses, employers and leisure.

2.3 Our priorities

- Improving autistic children and young people's access to education
- Tackling health and care inequalities for autistic people within our communities
- Improving understanding and acceptance of autism within our communities
- Supporting more autistic people into employment and vocational opportunities
- Supporting positive transitions

2.4 Our commitment

The development of the strategy has been centred around involvement of autistic children, young people and adults and their parent / carers. This approach will continue in the implementation of the strategy. Working together, we will develop and deliver the priorities outlined within this strategy. This will require close ongoing collaboration with the voluntary community and social enterprises (VCSE) sector, parents and carers, schools and children and young people and all professionals across health, care and education. Robust governance, accountability and challenge will be provided through the Health and Wellbeing Board to ensure these priorities are delivered.

3. Purpose of the strategy

The strategy defines our ambition to support autistic children, young people, and adults to achieve their life outcomes. It describes what autistic people, families and professionals consider to be the most important priorities for autistic people in Bracknell Forest between 2025 and 2030.

The strategy will provide direction to best support autistic children, young people and adults to the council, Frimley Integrated Care Board (ICB), Berkshire Healthcare Foundation Trust (BHFT), partners in the VCSE sector, early years settings, schools and further education providers and local communities and businesses.

There are a variety of approaches utilised to describe an autistic person. For example: terminology used throughout this strategy uses a Social Model of Disability (also known as an Identity first approach).

Social Model of Disability (also referred to as Identity First approach):

The social model views disability as a result of societal barriers and discrimination, rather than an individual's impairment. Using "disabled people" reflects this model, emphasizing that people are disabled by society's actions, not by their condition. For example: autistic people.

Person-First Language:

"People with disabilities" is a person-first language approach, focusing on the individual rather than the disability. This approach is common in some regions and is often preferred for its emphasis on the person. For example: people with autism.

We asked people with lived experience what their preferred terminology was, they said the social model of disability. Therefore, throughout this document we refer to autistic people.

This strategy is for all autistic people; this includes children and young people living in Bracknell Forest. Throughout this strategy the term 'autistic people' will be used to include children, young people and adults. Although at times in this document we may specifically refer to autistic children and young people.

The council priorities reflected in the Autism Strategy are:

- Engaged and healthy communities – to help create opportunities where people can succeed, be happy and feel safe

The Autism Strategy will support the following Bracknell Forest Place Health and Care Plan 2025-2026 priority areas:

- Learning disabilities and autism - autistic people are involved in the development of services and support provided by Bracknell Forest

- Thriving communities – healthy, independent, and resilient communities/reduction in health inequalities

The new two-year NHS Frimley ICB Neurodiversity partnership plan reflects a strengths-based approach towards people who are neurodivergent. The priorities are:

- To meet the needs of the neurodivergent without support being diagnosis dependent
- Care is joined up so that families can find and access help and advice services from a range of partners swiftly and easily
- Neurodivergent people are less disadvantaged in terms of home, education, training and employment setting, health and wellbeing, compared to their peers

Our ambition is for Bracknell Forest to be an inclusive place where autistic people can thrive and are actively able to participate in the community. The focus of this strategy on autistic people and parent carers, should be reflected within the wider context of an inclusive neurodiversity approach.

The strategy is linked to a number of other Bracknell Forest, Frimley ICB and BHFT strategies and priorities and should be read in conjunction with our Health and Wellbeing Strategy 2022-2026, Frimley ICB Creating Healthier Communities Strategy refresh 2023, Frimley ICB two-year Neurodiversity Partnership Plan, Bracknell Forest Place Health and Care Plan 2025-2026 Berkshire Healthcare Neurodiversity Strategy, Bracknell Forest Special Educational Needs and Disabilities (SEND) Strategy 2023-2026, and the Learning Improvement Strategy 2025-2029.

The strategy is linked to the partnership SEND improvement programme, improving services for autistic children, young people and their families. Supporting positive transitions and working with health partners to improve access to health assessments. A joint SEND needs analysis is in development in order to provide comprehensive strategic oversight of special educational needs within Bracknell Forest. Once complete, this strategy will be refreshed and updated accordingly to reflect these findings.

In addition, the strategy is also informed by our Joint Strategic Needs Assessment (JSNA).

There is a significant amount of partnership work being delivered across Berkshire, the Frimley Integrated Care System and within Bracknell Forest in our SEND and neurodiversity services and approaches. Therefore, it is important that we commit to regularly refreshing this strategy to ensure continued alignment with service development, approaches and priorities across the partnership. This includes an annual refresh of the SEND needs analysis. In addition, the action plan that will be developed in order to implement the priorities of this strategy will be in alignment with the above strategies and improvement programmes.

4. How the strategy was developed

Partners from health, social care, early years, education, the VCSE, the parent carer forum and people with lived experience have come together to form the Autism Strategy Steering Group to co-produce the strategy with autistic people. This group has met monthly since March 2024

Community engagement:

- The Parent Carer Forum led on co-producing the parent/carers survey.
- We met with parents/carers at Larchwood, a short break children's home which provides respite care for children who have complex needs. They also supported the development of the parent/carers survey.
- We worked with special educational needs co-ordinators (SENCOs) who supported the development of the primary school survey for autistic children through focus groups with the children they work with, ensuring the voice of the child was captured. One child specifically wanted a question about 'being your true self' included in the questionnaire as she felt that was important to her. This question solicited a high response in the survey and provided valuable insight into autistic children's experiences in daily life.
- The Wayz SEND youth group, supported by their workers led on the development of the secondary school autistic young people's survey.
- We visited several groups for autistic adults, the Autism sub-group, Breakthrough employment and Project 73 (a peer led social support group for autistic adults). We listened to the autistic people who attend these groups to help us to develop the adults' survey. The members of Project 73 co-produced the autistic adults survey with us.
- Once all the surveys were developed, we published them for twelve weeks and cascaded through Bracknell Forest Council's social media platforms, schools 'Can Do' newsletter, SENCO's and targeted groups.
- One hundred and forty-one people responded to our surveys
- We had quarterly discussions at the Learning and Disability Partnership Board (LDPB) where we regularly presented our findings from the surveys.
- We met with autistic children's services Gems, child and adolescent mental health team (CAMHs) and Parenting Special Children to find out what support they offer for children in Bracknell Forest.
- We met with Autism Berkshire and Abri housing to find out about the work they are doing for autistic people.

Over 200 people, including autistic adults, autistic children and young people and parent/carers and professionals including the VCSE sector worked together to co-produce our strategy. All these views and ideas have been used to define a strategy that represents our collective ambition

5. National context

Autism is a developmental disability that affects how people interact and communicate with the world. It is a spectrum condition that affects people in many ways.

Autistic people take in information in different ways and process it in different ways. This leads to different behaviour in how they socially interact and communicate, for example they may exhibit repetitive and restrictive behaviours and tendencies. Autistic people can be hyper or under-sensitive to certain senses. They can become highly focused on specific hobbies or interests.

The Autism Act 2009¹ introduced a requirement for local authorities to have an adult autism strategy. This has since been broadened to include children. The National Strategy for Autistic Children, Young People and Adults 2021-2026² recognises and focuses on autistic children and young people as well as adults.

Autism is not a learning disability however it is estimated nationally that one in three people diagnosed with autism may also have a learning disability. This varies between children and adults as it has been estimated that this is much lower in children³. Co-occurring conditions can include dyslexia, dyspraxia, epilepsy, depression, anxiety and attention deficit hyperactivity disorder (ADHD).

Autistic people are more likely to develop a wide range of conditions including heart disease, diabetes, stroke, Parkinson's disease, allergies, gastro-intestinal disorders and autoimmune conditions. Sleep difficulties and mental health conditions have a high prevalence within the autistic community. Suicide rates are exceptionally high⁴. However, according to the World Health Organisation (WHO), autistic people have higher rates of unmet health-care needs compared with the general population⁵.

As well as the Autism Act 2009 there are a number of other laws that place a statutory duty on local authorities and the NHS to provide support for autistic people. These include:

- Children and Families Act 2014
- Care Act 2014
- The Equality Act 2010
- Mental Health Act 1983 (amends 2007)

¹ Autism Act 2009 <https://www.legislation.gov.uk/ukpga/2009/15/contents>

² National strategy for autistic children, young people and adults: 2021 to 2026 <https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026>

³ Learning disability and autism <https://www.autistica.org.uk/what-is-autism/learning-disability-and-autism>

⁴ Autistica Action Briefing: Other co-occurring conditions 2019 <https://www.autistica.org.uk/downloads/files/Autistica-Action-Briefing-Other-Co-Occurring-Conditions.pdf>

⁵ World Health Organisation <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>

5.1 Autism health and social care

The NHS Long Term Plan v1.2 (2019)⁶ includes objectives to improving access to autism support, a clear diagnosis pathway and subsequent referrals, and improving autistic people's physical and mental health.

Under the Care Act 2014⁷, and the Children and Families Act 2014⁸, local authorities have statutory duties relating to the provision of children and adult social care services for those with autism and learning disabilities.

Local authorities have a duty to identify local people's needs in their area and commission services to support children and young people with SEND.

5.2 The National Strategy for Autistic Children, Young People and Adults 2021-2026

The national autism strategy 2021 to 2026 focuses on six key areas that will have a significant impact on the lives of autistic people.

1. Improving understanding and acceptance of autism within society.
2. Improving autistic children and young people's access to education and supporting positive transitions into adulthood.
3. Supporting more autistic people into employment.
4. Tackling health and care inequalities for autistic people.
5. Building the right support in the community and supporting people in inpatient care.
6. Improving support within the criminal and youth justice systems.

The government has identified there is a need to improve public perception and understanding of autistic people especially the different behaviours of autistic women and girls. Autistic people should feel included, accepted and valued within their communities. Autistic women and girls are far more likely to mask their symptoms⁹.

About 1.8 percent of schoolchildren in England are autistic, and the prevalence is highest among Black children, at about 2.1 percent¹⁰.

According to [The Office for National Statistics](#), 30.6 per cent of disabled people with autism as a main or secondary health condition were in employment in 2022/23, compared with 53.9 per cent for all disabled people and 81.9 per cent of non-disabled people.

⁶ NHS Long Term Plan v1.2 2019 <https://www.longtermplan.nhs.uk/> The Office for National Statistics

⁷ Care Act 2014 <https://www.legislation.gov.uk/ukpga/2014/23/contents>

⁸ Children and Families Act 2014 <https://www.legislation.gov.uk/ukpga/2014/6/contents>

⁹ Autism symptoms in girls 2025 Oxford CBT <https://www.oxfordcbt.co.uk/autism-symptoms-in-girls/>

¹⁰ Massive U.K. study finds racial and ethnic disparities in autism diagnoses
<https://www.thetransmitter.org/spectrum/massive-u-k-study-finds-racial-ethnic-disparities-in-autism-diagnoses/>

Research suggests that because autism is often viewed as a paediatric condition consequently prevalence may be higher than current data suggests. O' Nions et al (2023)¹¹ found evidence suggesting high levels of underdiagnosis in adults (20 years plus). They suggest:

- 0.82 per cent of England's population are diagnosed as autistic
- 2.12 per cent of England's population are undiagnosed autistic

Therefore, demand for services for autistic people and support from all services is likely to be higher than what our current data suggests.

From a national survey, the National Autistic Society (UK) identified that 77 per cent of unemployed autistic people want to get into work¹². The government's priority is to close the employment gap for disabled people by increasing the number of dedicated apprenticeship or training routes for people with learning disabilities and autism.

Whilst some progress has been made there is still a gap in health equalities. There is a need to reduce the number of autistic people and people with a learning disability being admitted into inpatient mental health services. Also to prevent people from being avoidably admitted to inpatient care and improving the provision of community mental health and crisis support, especially through primary care networks and voluntary/community organisations¹³.

Autistic individuals may be disproportionately represented in the criminal and youth justice systems, both as victims and as defendants. There needs to be a clearer understanding of how autistic people come into contact with the criminal and youth justice systems and what different types of support autistic people will need in court, prison and probation supervision.

6. The Local picture

Bracknell Forest has a population of 128,351¹⁴. 20 per cent of residents are aged between 0-15, 65 per cent are aged between 16-64 and 16 per cent are over the age of 65.

According to the Projecting Adult Needs and Service Information¹⁵ (PANSI) 757 people aged 18-64 are predicted to be autistic. This represents 1 per cent of this age group.

¹¹ Autism in England: assessing underdiagnosis in a population-based cohort study of prospectively collected primary care data (2023) [https://www.thelancet.com/journals/lanpe/article/PIIS2666-7762\(23\)00045-5/fulltext](https://www.thelancet.com/journals/lanpe/article/PIIS2666-7762(23)00045-5/fulltext)

¹² The autism employment gap <https://www.autisminwork.com/wp-content/uploads/2018/03/NAS-TMI-Employment-Report-24pp-WEB.pdf>

¹³ The National strategy for autistic children, young people and adults 2021-26 <https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026>

¹⁴ Population Report for Bracknell Forest <https://bracknell-forest.berkshireobservatory.co.uk/population/#/view-report/63aeddf1d7fc44b8b4dfcd868e84eac/iaFirstFeature/G3>

¹⁵ PANSI <https://www.pansi.org.uk/index.php?pageNo=392&areaID=8323&loc=8323>

This is comparative to other local authorities' populations in East Berkshire (the Royal Borough of Windsor and Maidenhead and Slough).

It is predicted that this will increase to 759 by 2030 but is predicted to decrease by 2040 to 751. Whilst rates of prevalence will increase in the 18-25 and 25-34 age groups, an aging population means that there will be fewer autistic people in the age groups 35-64.

In people over the age of 65 it is predicted that 0.95 per cent of the population are autistic. Similar figures are predicated for the other East Berkshire authorities¹⁶. The prediction is that the prevalence will increase from 191 in 2025 to 231 by 2030, and to 274 by 2040.

6.1 Health data from the Primary Care Networks (PCN's)

General Practitioners (GPs) record patient details on a data base called Connected Care, including patients that are diagnosed as autistic

In Bracknell Forest less than 6 per cent of people registered with their GP who are diagnosed as autistic also have a Learning Disability. This is lower than some suggestions that 30-40 per cent of autistic people over 25 may also have a learning disability. In under 19's this occurrence is less at 12 per cent¹⁷.

Below is the data captured from GP records across the Primary Care Network (PCN's) which identifies individual patients who have a coding of autistic spectrum condition (ASC).

Data from PCN's	Bracknell and district PCN	Health triangle PCN	Braccan/Forest PCN	Bracknell Forest total
Total number of autistic patients	758	986	778	2522
Single diagnosis ASC	724	908	733	2365
ASC + LD	34	78	45	157
Under 18's	415(54.7%)	494(50.1%)	383(49.25)	1292(51.2%)
Over 18's	343(45.5%)	492(49.8%)	399(51.2%)	1234(48.9%)

2,545 autistic people of all ages are recorded on Connected Care across all the autistic diagnosis options. The average age is 18.9 years. 8.5 per cent of the cohort are members of the Black and global majority – this is below the ethnic representation of the total Bracknell Forest population.

Berkshire Healthcare NHS Foundation Trust (BHFT) offer a range of services for children, young people and adults. This includes autism assessment services for

¹⁶ POPPI <https://www.poppi.org.uk/index.php?pageNo=428&sc=1&loc=8323&np=1>

¹⁷ Learning disability and autism. <https://www.autistica.org.uk/what-is-autism/learning-disability-and-autism#:~:text=Current%20research%20suggests%20about%201%20in%203%20autistic,up%20to%2012%25%20have%20a%20co-occurring%20learning%20disability.>

children and young people and for adults, but also a wide range of services according to individual needs. BHFT have seen an increased demand for services. Berkshire wide referrals for autism assessments in 2024-2025 were 68 per cent higher than referrals in 2019-2020. Referrals for autism and attention deficit disorder (ADHD) increased by 215 per cent from 2020/21 to 2023/24.

The NHS Quality Outcomes Framework (QOF) is a system utilised to understand performance from GPs in the NHS. Results indicate that autistic people are more likely to experience a range of co-occurring physical and mental health conditions.

The QOF data and related clinical insights suggest that the following conditions are particularly prevalent among autistic people:

- 7.3% have asthma
- 18.6% have depression
- 6% have a learning disability
- 7.9% are obese

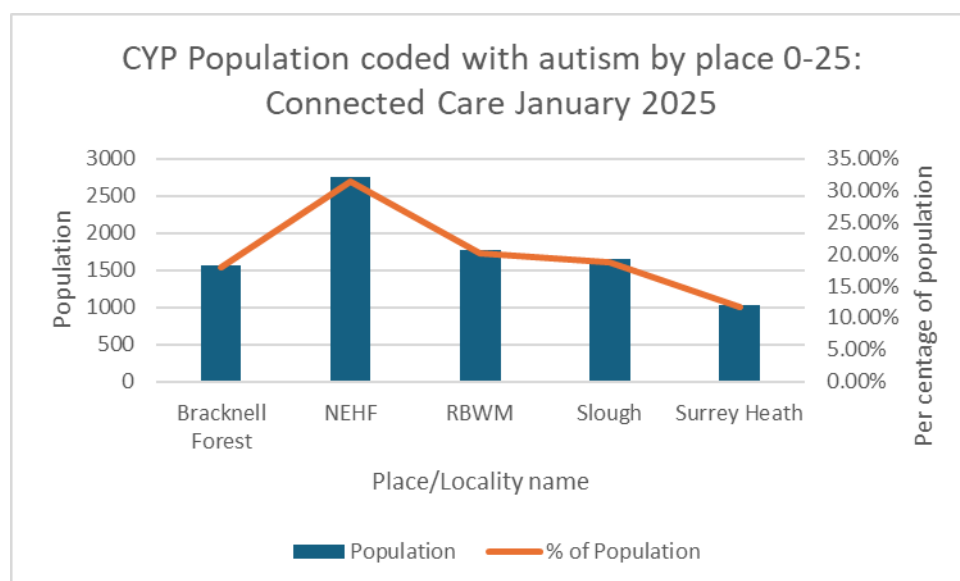
The average chronic condition count is 1.7, this means each autistic person has 1 - 2 other health conditions. Whilst medications and GP activity is similar across groups of people aged 5+ with a coding of (Autistic spectrum condition) ASC and the general population, the mental health activity in those with ASC coding is 6.5 times as high as those without ASC coding.

Accident and Emergency (A&E) activity is 1.5 times higher in the autistic cohort, and the prevalence of both 999 and 111 calls are almost twice as high from autistic people. According to data from Connected Care, autistic people are 6 and a half times more likely to present at primary care (GP, A&E, community health etc.) with a mental health need compared to the non-autistic population. This data suggests that autistic people in Bracknell Forest have poorer mental health and use emergency services more than people who are not autistic¹⁸.

According to Connected Care, as of January 2025, a total of 8,775 children and young people aged 0-25, across the Frimley ICS, have a primary care coding of autism. 1,568 (17.9 per cent) live in Bracknell Forest.

Below is a chart comparing numbers of children with a coding of ASC captured on Connected Care across different localities within the Frimley ICS. Bracknell Forest has the second lowest prevalence of 0–25-year-olds who are autistic across the Frimley ICS, 17.9 per cent. Slough have the lowest number recorded with 11.7 per cent and Northeast Hampshire and Farnham have the highest recorded prevalence of autistic people with 31.4 per cent.

¹⁸ Local data taken from Connected Care – 09/05/25. There is always a slight under-reporting of figures on CC due to the data sharing permissions and way data is collected. Coding may not capture all diagnoses (particularly private diagnoses).



The Bracknell Forest Dynamic Support Register (DSR) is a database that is held by the Learning Disability and Autism Programme within Frimley ICB. The DSR is used to identify autistic people and/or people with a learning disability who are at risk of admission to hospital, or going into care, due to their mental health and/or behaviours that challenge. The aim is to get people the right support at the right time, to ensure that the right services are involved to improve their mental health and/or reduce behaviours that challenge and reduce their risk of admission into mental health hospital. Once people are identified and added to the DSR, they are rated as either green (low risk of admission), amber (moderate risk of admission), red (high risk of admission), or blue (already an inpatient). People on the DSR are reviewed monthly and discussed with local mental health providers and social care partners to ensure effective multi-agency support to reduce the risk of someone being admitted, or to ensure timely and effective discharge.

In Bracknell, 68 per cent (correct as of March 2025) of the 0-25 age group on the DSR are single-diagnosis autistic people, e.g., without a diagnosed learning disability. Including autistic people with a learning disability, 96 per cent of patients on the 0-25 DSR in Bracknell are autistic. This highlights how autistic people are overrepresented in those admitted to, or at risk of admission to, a mental health inpatient setting. Partners are working together to ensure we have collective oversight of all the autistic children, young people and adults that are supported across the services.

6.3 Autistic people supported by the council

Many autistic people do not need support from the council in order to live their lives to their full potential. The council does provide support for a number of autistic people who have an eligible need as determined by the Care Act 2014. To be eligible for support adults need a diagnosis (or to be on the pathway) and, for example, they would have needs arising from physical or mental impairment or illness, which

means they are unable to achieve two or more of the outcomes determined in the Care Act such as maintaining their personal safety or accessing work.

Below are the number of autistic children, young people and adults currently having their social care needs supported by BFC.

Open to BFC children's or adults social care with a diagnosis where primary need is ASC May 2025		
Under 5	105*	
Children and young people (this includes 20 children looked after and 14 care leavers)	452	93 per cent of the people BFC support are children *There are currently 150 under 5's awaiting an assessment
Adults Primary Diagnosis Autism	42	
Total	599	

The number of children waiting for an assessment has been acknowledged to be high across all six Berkshire local authorities. As of June 2025, the number of children aged between 5 and 18 in Bracknell Forest waiting for an assessment is 682. Many of those waiting for an assessment will not need a referral to social care. There are a further 241 adults waiting for an assessment.

This can place adverse pressure on children, families and schools whilst waiting for an assessment. In response to this, all six local authorities, together with Frimley and Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB are working together to implement a Berkshire Neuro Inclusive Early Help Systems Change, with the purpose of identifying neuro divergent children at the earliest opportunity. We want our children's individual strengths and support needs to be understood better quicker to get the right support more promptly (right help, right time, right place) – based on need and strength, not diagnosis. We are committed to early identification of needs and provision of support that recognises each child's strengths and needs, without requiring a formal diagnosis. It is recognised that each local authority area is different, therefore there will be an individual plan for each local authority which considers the populations of each area.

Education should meet the needs of autistic children and young people whether or not they have an Education Health and Care Plan (EHCP). An EHCP is for children and young people aged up to 25 who need more support than is available through special educational needs support.

EHCP's identify educational, health and social needs and set out the additional support to meet those needs.

Schools or other educational institutions must use their best endeavours to meet that child or young person's special educational needs. This does not apply to independent or non-maintained schools/nurseries. The Equality Act 2010 duties will,

however, still apply. Using ‘best endeavours’ means doing everything they reasonably can.

Below are the number of autistic children who have their educational needs supported by BFC.

Known to BFC Learning and education, autism outreach team with an autism diagnosis May 2025		As at May 2025, 486 children with a primary diagnosis of autism, but without an EHCP, known to the BFC Autism Advisory Support Service, were being supported in school using the graduated approach
Primary school children without an EHCP	238	
Primary school children with an EHCP	208	
Secondary school children without an EHCP	248	
Secondary children without an EHCP	186	
Total	880	

The Attachment Research Community (ARC) is a charitable organisation that supports schools to develop best attachment and trauma aware practice. How people respond to trauma often presents as how they would present as autistic. Autism behaviours mirror how trauma often presents in children (Stavropoulos et al, 2018¹⁹). Virtual Heads have a statutory duty to make sure schools are trauma informed. In Bracknell Forest we are currently developing our own framework to:

- reduce exclusions
- improve attendance
- reduce permanent exclusions

Training is being rolled out across all schools who will do a self-assessment. They will then be evaluated on their level of trauma awareness practice. This programme will be rolled out over 3 years. Trauma informed practice can have an impact on autistic children.

Nationally, for pupils with EHCP’s, ASC is the most common primary type of need, with 34 per cent of pupils having this primary type of need.

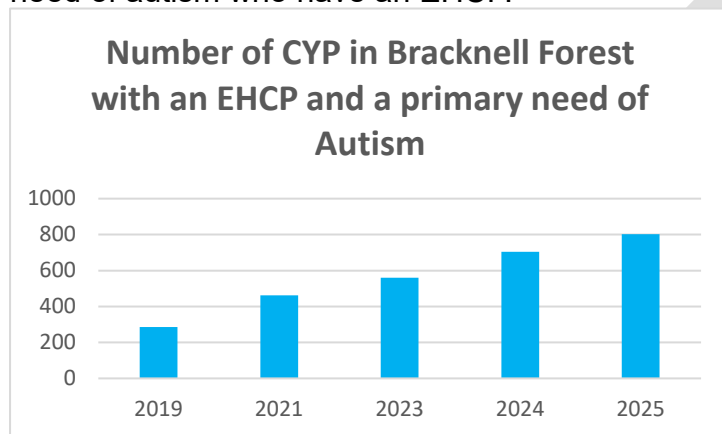
Locally, there has been a significant increase in the number of plans for students with ASC as a primary need – in January 2025, they accounted for 48.5 per cent of the plans in Bracknell Forest, this is a 14 per cent increase from the 2024 data. This is therefore the most prevalent primary need in Bracknell Forest.

As of January 2025:

¹⁹ Stavropoulos, K. K., Bolourian, Y., & Blacher, J. (2018). Differential diagnosis of autism spectrum disorder and post-traumatic stress disorder: Two clinical cases. Journal of Clinical Medicine, 7(4), 71. <https://journals.sagepub.com/doi/abs/10.1177/1362361320912143>

- 984 children and young people aged up to 18 attending maintained schools in Bracknell Forest had an EHCP. 372 (38 per cent) had a primary need of autism. Some of these children may live out of borough but attend a Bracknell school.
- 2,243 children and young people aged up to 18 attending schools in Bracknell Forest were receiving SEN support. 409 (18 per cent) had a primary need of autism. Some of these children may live out of borough but attend a Bracknell school.
- 1,654 children and young people (CYP) aged 0-25 living in Bracknell Forest* had an EHCP. Some of these CYP are educated outside of Bracknell Forest, or have finished education, so are not captured in the figures above. 802 of these CYP (48.5 per cent) had a primary need of autism. This suggests that the most prevalent need of SEN is autism

Below is a chart demonstrating the year-on-year increase of children with a primary need of autism who have an EHCP.



Specialised support in Bracknell Forest is provided through a local school called Kennel Lane which is for primary and secondary aged children, including a sixth form hub. There are also specialist resourced provisions, and a pupil referral unit (Cranbury College) located in Reading.

Partnership in neurodiversity (PINS) is a national project funded by NHS England and the Department for Education (DfE). The local authority, parent/carers, children and young people and school staff are working together to understand and improve support for neurodivergent children. In 2024-25, 13 mainstream primary schools in Bracknell took part. Recruitment for 2025-26 is now active to help improve the whole school approach to neurodiversity.

To address the growth in demand in 2023, the DfE approved bids for four new special free schools across Berkshire, including a new school in Bracknell Forest which will support up to 100 autistic students aged 5-19.

Whilst we have some helpful insights into the data available to us, further improvement is required to ensure we are able to collectively understand the needs of all the autistic children, young people and adults we support across health, social

care and education. A refresh of this strategy will be undertaken at the completion of the SEND needs analysis.

7. What our autistic children, young people and adults told us

Community engagement included working with several groups/organisations who support autistic people and people with lived experience in order to co-produce the surveys together. This involved:

- 8 members of the Parent Carer Forum
- 12 year 5 and 6 children from two primary schools, 2 SENCO's and 1 headteacher
- 12 young people and 2 project workers from the Wayz SEND youth club
- 3 parent / carers from Larchwood
- 15 autistic adults plus 2 workers from Project 73 (a social group for autistic adults)
- 10 autistic adults from the autism sub-group of the Learning and Disability Partnership Board
- 6 autistic adults supported by Breakthrough employment

We worked with autistic people to create four different surveys. Each survey focused on a different stage of life, like childhood, adulthood, or older age. Some issues are shared across all stages, but each group also has its own unique needs.

The surveys were co-produced and sent to different groups of autistic people: parent/carers of autistic children and young people, autistic adults, autistic children (primary school age) and autistic young people (secondary school/college age). We asked questions around education, health, housing, living and working in Bracknell Forest.

There were 141 validated survey responses. The youngest respondent was 5 years old the oldest was 70. 30 per cent of the responses came from parent carers. This was the highest response rate. 20 per cent of response came from autistic adults. This was the lowest response rate.

Overall, there were more male than female responses. Although more adult autistic females responded to the survey than adult autistic males. 77 per cent said they were male, 57 per cent were female, 5 identified as transgender, other or didn't want to say.

There were some common challenges experienced by autistic people and parent / carers that emerged across all groups such as noise and overstimulating environments. This can relate to places where people live, work, shop, go to school, employment, health provision or in the criminal justice service. Not having access to

calm and safe (low stimuli) environments where people could self-regulate was an issue amongst all age groups. Across all age ranges people identified the need for structure, routine and continuity in their day to day lives.

Lack of understanding around needs/behaviours of autistic people also appeared as a theme across all age groups. Whether this was in relation to health professionals, employers, teachers (specifically in the case of children at school), or from other children. Communication was a challenge across all age groups. Autistic people felt they were not able to communicate effectively with other people. They found it difficult to make themselves understood. Children had difficulty in communicating pain symptoms for example, whether that was to a medical professional or in school. Likewise, not being communicated to in a clear way (e.g. verbal and written instructions, chunked information, via email, etc.) Children struggled to understand what was being asked of them in school. Communication was often one way. This resulted in getting told off for not doing something, when the reason they haven't done something is because they didn't understand what was being asked.

Reasonable adjustments aren't consistently available in workplaces (e.g. home working, rest periods, low stimuli areas, noise cancelling headphones). In some schools, fidget toys which help autistic children to self-regulate are not allowed in the classroom. Many children with sensory issues struggle to wear school uniform which they find uncomfortable.

8. Priorities: the strategic priorities will guide us to achieve our goals

- They are high level objectives
- Each priority will address a number of areas of development
- Although they are numbered, they are of equal importance and work will take place concurrently
- An action plan will be developed to determine tasks needed to achieve our objectives
- The implementation of the strategy will be reported to the Health & Wellbeing Board and Place Committee

8.1

Priority 1: improving autistic children and young people's access to education

Why this is a priority: We want all children to enjoy and achieve at school. Children who feel well supported, have their sensory needs met, and have their individual learning approaches considered enjoy school more than those who don't have those things. Whether that was in a mainstream school or a specialist school. A child centred approach considers the individual needs and is widely recognised as improving, amongst other things, inclusivity and wellbeing²⁰. This approach aligns with the rights of the child as outlined in the United Nations Convention on the Rights of the Child.

Noise, sensory overload, busy places and no space to regulate can restrict the things children can do without feeling overwhelmed. Some children in mainstream schools felt there was a lack of awareness about their individual sensory struggles leading to conflicts in the classroom e.g. not allowed to use fidget toys to help them self-regulate.

Some children told us in the surveys that they were being / had been being teased, bullied by other children in school, which gives a sense of not feeling safe. 38 per cent of children felt they could not be their true self at school (they needed to mask).

70 per cent of primary school children said they had friends at school compared with 36 per cent of young people in secondary school/college. There does seem to be a general desire amongst autistic young people to engage in going to school/college, social clubs, and pursue further education and/or well-paying jobs in the future. However, they have concerns for their future, including people having low aspirations for them.

Actions:

- Develop initiatives for staff and children in school that will broaden understanding of what makes a difference and why
- Continue to recruit mainstream schools to be part of the PIN project
- Promote and implement the Bracknell Forest Graduated Approach in all schools and settings
- Develop a culture of needs led individual child centred support
- Cascade Trauma Informed Practice across all schools
- Ensure autistic children are aware of calm places to go in school
- Continue to work with parents to understand their child's individual needs – develop consistent accommodations/aids together
- Autism specific clubs/ activities commissioned by Bracknell Forest should be at more appropriate times
- Tailored clubs that align with children/young people's interests specifically 12+
- Accessible information for autistic young people about clubs and activities

²⁰ <https://carelearning.org.uk/qualifications/level-3-cypw/scmp-1-assessment/1-1-explain-the-value-of-a-childcentred-model-of-assessment-and-planning/>

8.2

Priority 2: tackling health and care inequalities for autistic people within our communities

Why this is a priority: All people should have access to appropriate healthcare. Some people said their GP practice doesn't meet their needs. However, these same practices were also found to be most supportive by other people. This suggests a more tailored approach is needed. Improvements included longer appointments and being able to see the same doctor.

Many autistic people have co-occurring conditions and higher unmet health needs compared to the general population. Annual health checks are not offered unless they also have a learning disability. The NHS Long Term Plan made a commitment to health checks for autistic adults. National research, led by Autistica²¹ a leading autism research and campaigning charity, commenced in 2020 to determine what additional resources may be needed. They continue to campaign and lobby for recognition of health checks as a priority for research and practice by policy makers.

Almost 50 per cent of autistic adults in our survey were diagnosed in adulthood. Post diagnosis, 2 people were referred to social services for a needs assessment. These were the only 2 who received any autism information post diagnosis.

The majority of parent/carers felt healthcare professionals did not understand their autistic child. They suggested learning about how an autistic person might describe their symptoms and interpret questions may be a way forward to better communication. Quiet waiting rooms, better lighting, and video consultations have been suggested for better experiences in engaging with healthcare professionals.

Actions:

- Ensure autistic children, young people and adults (and their families) receive accessible information and signposting irrespective of their diagnosis
- Better promotions of Frimley ICS Reasonable Adjustments request forms
- Explore video consultations with GPs/health practitioners
- Raise awareness of the Oliver McGowan mandatory training to improve support for autistic patients across NHS practices G.P. surgeries, dentists and healthcare professionals
- Promote the health and care passport
- Improve understanding and consistency of reporting autism across PCNs
- Support campaigns for health checks for autistic people both physical and mental health
- Support for parent/carers/siblings with their mental health and well being
- Ensure that all communities can access support
- Earlier assessment of children and young people for their health needs

²¹ <https://www.autistica.org.uk/downloads/files/Health-Checks-Plan.pdf>

- Work with other L.A.'s to understand how they use data, to improve our understanding of the needs of autistic adults and children in Bracknell Forest

8.3

Priority 3: improving understanding and acceptance of autism within our communities

Why this is a priority: 89 per cent of our autistic young people visit Bracknell town centre regularly. Yet 75 per cent found it can be too busy or challenging. Some suggestions to make things more comfortable for them included: quieter music in shops, more scheduled quiet times, sensory rooms, quiet/green spaces, or a mini park to regulate in. Other suggestions included more awareness from staff in shops about autism, more visual symbols on signs, fewer flickering lights, one way walking paths. Adults reported supermarkets sport/leisure facilities and public transport as not being autism friendly.

Information about groups/support was often difficult to find and not accessible. Parent/carers shared that information they were given regarding their child was sometimes difficult for them to understand because of their own autism or learning disability. 45 per cent of parent/carer's said their child/young person belongs to a club or group. More would like to but timings e.g. clubs at bedtime/teatime made it difficult to attend. 50 per cent of secondary school young people engaged in social clubs/groups and more would like to but found a lack of, or difficulty accessing information about club/activities. 50 per cent of adults said they don't have as much social contact as they would like. Parent/carer forums and family were cited as the primary support for parent/carers. Some parents cited getting support for themselves was difficult because they work full time.

Housing: The biggest challenges were around noise (from neighbours in social housing accommodation where they had no choice) or busy households. 8 people had been involved in the criminal justice service in some way. Only 3 were aware of any support. The biggest issues were around noisy cells, communication and lack of understanding. Improvements included access to intermediaries from first point of contact or to people they know to make them feel safe.

Actions:

- Improve accessibility in the Lexicon, having times when sensory input is reduced, safe places to self-regulate
- Parent/carer support groups at times when working carers can also attend
- Information for parents should be inclusive for parents who may have their own learning needs, dyslexia, autism
- Accessible information for autistic people about clubs/activities
- Promote autism drop-in to support autistic people to manage housing issues
- Promote advocacy service
- Improve awareness of the work Autism Berkshire are currently doing with Bracknell-Forest police

- Continued promotion of awareness cards and apps that autistic people can use to make other people are aware they are autistic
- Tailored clubs/social groups that align with their interests
- Support campaigns to promote community awareness

8.4

Priority 4: supporting more autistic people into employment and vocational opportunities

Why this is a priority: 54 per cent of adults who responded to the survey were employed, 4 per cent were students. The main challenges in looking for work were lack of understanding about autism. Suggestions for improving experience of work included making reasonable adjustments normal and improving links with employers to help autistic people access work.

Support is needed when applying for work as application forms are sometimes the first barrier. 19 people who worked regularly needed reasonable adjustments including noise cancelling headphones, adjustable lighting, reduced noise/smell, more space, clear communication, notice of change not rushed and chunked information. More people were aware of Breakthrough Employment than any other local Bracknell Forest service. But more people used Autism Berkshire.

Actions:

- Raising awareness of employee's rights with autistic people
- Improving links with employers to help autistic people access work including volunteering opportunities and apprenticeships
- Improve support for autistic people looking for work including signposting to training and vocational opportunities
- Information post diagnosis (especially in adults) and communicated appropriately (chunked information, verbal and written instruction etc.)
- Promoting employers who have made a difference to successfully employing autistic people, from the employee's viewpoint
- Supporting national campaigns to raise awareness of the needs/behaviours of autistic people and the benefits they can bring to the workplace

8.5

Priority 5: supporting positive transitions

Why this is a priority: Transitions is a clear theme that runs throughout, across the whole life journey from pre-school into adulthood. There are clear indicators that at key life stages autistic people need additional support. The number of autistic young

adults who are not in education, employment or training (NEET) in comparison to their non-autistic peers is evidence of this²². Adults diagnosed later in life reported not receiving information post diagnosis and needed support in engaging with their employers and how to avoid burn out.

In the last year a programme was established to support autistic children transitioning from mainstream primary to mainstream secondary school. This has been highly successful and feedback from parents has been positive.

Further improvement across the local partnership is required to ensure effective transition planning so that children and young people receive the right help and support they need at times of change and into adulthood.

Actions:

- Empowering parents/carers so they know what to expect when their child starts school
- Develop strategic approaches to prepare children for their next steps
- Develop a pathway 0-14 years
- Support for transitioning into employment, vocational training, apprenticeships when they reach 16+
- Raising awareness of the approaching adulthood team
- Develop a pathway for adulthood 14-25
- Strengthen transition into secondary school (from primary and in-year)
- Develop support pathway for late diagnosis transition
- Develop support pathway for retirement and end of life

9. How we will measure success

The strategy has been co-produced with people with lived experience, the parent/carer forum, professionals from both health and social care, early years, education and partners in the voluntary, community and social enterprises (VCSE) sector. Going forward this steering group will be reformed into the Autism Strategy Partnership Group.

The information we have received from autistic children, young people, their parent/carers, autistic adults and other stakeholders will help inform how we support autistic people within the community going forward.

Just as this strategy has been co-produced, delivering the strategy will also require joint working, Adults and Children's Services working together with our Health partners, VCSE sector, schools, colleges and local businesses to deliver the best outcomes possible for autistic people in Bracknell Forest.

²² Access to employment: A comparison of autistic, neurodivergent and neurotypical adults' experiences of hiring processes in the United Kingdom
<https://journals.sagepub.com/doi/10.1177/13623613221145377>

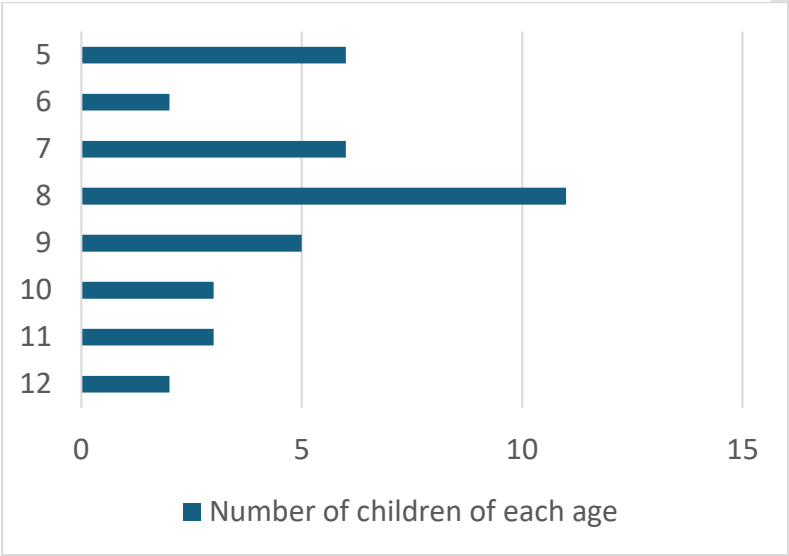
To effectively monitor the strategy a detailed action plan will be developed which will run alongside it. This action plan will reflect the priorities which have been identified and determine how these will be met, who will lead on the actions and agreed timescales and responsibilities for ensuring actions have been achieved.

The 5 workstreams arising from the priorities will be driven forward by an Autism Strategy Partnership Board. They will monitor progress and provide quarterly reports to the Place Committee and the Health and Well Being Board who will have overall governance of this strategy.

In order to understand ongoing implementation of the strategy the Autism Partnership Board will commit to an annual refresh of the strategy, incorporating key data from the annual refresh of the SEND Needs analysis and ongoing alignment with local and partnership strategic approaches and priorities. This activity will also require robust and comprehensive engagement with all autistic people and parent / carers to understand impact and inform future direction.

Appendix A. Children’s survey

38 children responded to our survey; the most common age was 8 and 74 per cent of these children are male.



We asked: do you enjoy school?

Children said: 68 per cent of children said they enjoyed going to school. Reasons given for enjoying school included feeling well supported. This included with regulation, individual learning approaches and sensory needs. Having staff that understand their needs, and a kind and gentle approach was important to them. Liking their teachers helped their enjoyment of school. They also enjoyed the routine and fun lessons and activities. 70 per cent of children had friends at school. Whether in a SEN specific environment or a mainstream environment is desired for an autistic individual seems to depend on their level of support needs. Those with high support needs seem to thrive in SEN specific environments whilst those with lower support needs find mainstream environments more desirable, even if still difficult to be with other children.

32 per cent of children said they don't enjoy going to school. Reasons included finding the work too hard, finding the environment too noisy/busy, too many other people, struggling with sensory overwhelm, the uniform being uncomfortable, having to sit still for a long time and not being allowed to use fidget toys to self-regulate. This caused anxiety and exhaustion. A lack of space to self-regulate also contributed to not feeling safe.

I feel I can be myself and feel my school support me, now they understand me a bit better but sometimes the children can make fun of me for being different. The children don't understand that much about me.

47 per cent of children said they can be their true self at school. Feeling supported/accepted on good days and bad contributed to this along with teachers that understand them and their needs and are proud of them, having good friends and being comfortable to speak their thoughts freely. Being able to stim (self-stimulating behaviours), run around and play freely also contributed to being able to be their true self.

37 per cent of children said they can't be their true self at school, they feel pressured to mask/pretend to be someone they're not, so they won't get into trouble or let their parents down. Other reasons included feelings of worry, embarrassment to do regulating actions in front of others, people not understanding they find it difficult to sit still or concentrate, not being able to use fidget toys and bullying. When we met with focus groups to assure our priorities that had been identified from the surveys autistic people told us that bullying in school also came from other autistic children. Reward systems also seemed to increase pressure - wanting rewards but feeling bad about themselves when they can't get them or lose them due to an inability to adhere to unrealistic expectations.

Things that help children be their true self included having friends and supportive and understanding teachers, more time outside, having the time and place to self-regulate and not having to sit still for too long.

We asked: what do you like doing outside of school?

Children said: 35 per cent of children said they go to after school clubs or activities. Children said they enjoyed after schools' clubs and wanted to do what other children do although some children said they only went because their parents made them or because their parents work. Many children did not attend after schools' clubs giving reasons such as being too tired, not being able to handle the social interaction and not enjoying doing the same things as other children their age so getting teased for hanging out with the younger children. Those that do attend after schools' clubs said they needed help to join in the activities. 71 per cent of the children that go to after schools' clubs said they had friends there.

Children also enjoyed doing activities at home, the most common activity being watching TV, followed closely by crafting and gaming. Outside of the home the top activities they enjoyed were swimming and going to the cinema. Many children also belonged to sports clubs (trampolining, gymnastics, football) and singing and dancing clubs. 45 per cent of children belong to a club this is below the national average according to the 'Youth participation pilot survey for children/young people

with long-term limiting illnesses or disabilities' of 56 per cent²³. 97 per cent of children who participated in a club or activity outside the home said they enjoyed it. Reasons given were because they like getting out of the house/being outdoors, being active and it is fun. Social anxiety and a lack of confidence in their social skills appears to be a barrier for some children attending some clubs/activities but also a barrier to enjoying the activities or school they do attend.

Children also told us they like living in Bracknell Forest as there is plenty of outside spaces, forests, parks and playgrounds to run around in. They mainly liked the Lexicon, and they enjoy having things locally to do like the cinema or swimming, which was a top attraction. The best things about living in Bracknell Forest were living near other family members, their school, home, friends and being with their parents.

Appendix B. Young peoples' survey

We had 34 validated responses; 44 per cent who did attend school had an EHCP. Most respondents were between the ages of 11 and 14 years old. 16 of the respondents are female, 15 male, 1 transgender, 2 said 'other' or 'don't want to say'. Transgender and gender-diverse adults are three to six times more likely than cisgender adults (individuals whose gender identity corresponds to their sex assigned at birth) to be diagnosed as autistic²⁴. This needs to be considered when planning services and support for autistic young people.

We asked young people: do you enjoy school?

Young people said: 38 per cent did not enjoy school whilst 41 per cent liked it or thought it OK. Recent studies suggest that a third of students do not like school²⁵. Noise was stated as the main reason by respondents as to why they didn't like school. Other things they found challenging included crowds, chaos (particularly in hallways) and smells. Many also found the size of the school/college overwhelming and struggled with both the amount of work and the difficulty. This led to feeling overwhelmed and trapped, scared and unsafe. Having many different teachers with different rules led to misunderstandings and lack of trust for adults. Not having friends made a big difference to their enjoyment of school.

36 per cent of young people cited friends as being the best thing about school. This is much lower than children at primary school of which 70 per cent said they had friends. Other reason they liked school were favourite teachers/adults they could trust, being around people like them and feeling understood. Routine and structure also featured, and it was important to be able to take time alone. 18 per cent were not

²³ Youth participation pilot survey: executive summary <https://www.gov.uk/government/statistics/youth-participation-pilot-survey-findings/youth-participation-pilot-survey-executive-summary>

²⁴ Transgender and gender-diverse individuals are more likely to be autistic and report higher autistic traits <https://www.cam.ac.uk/research/news/transgender-and-gender-diverse-individuals-are-more-likely-to-be-autistic-and-report-higher-autistic>

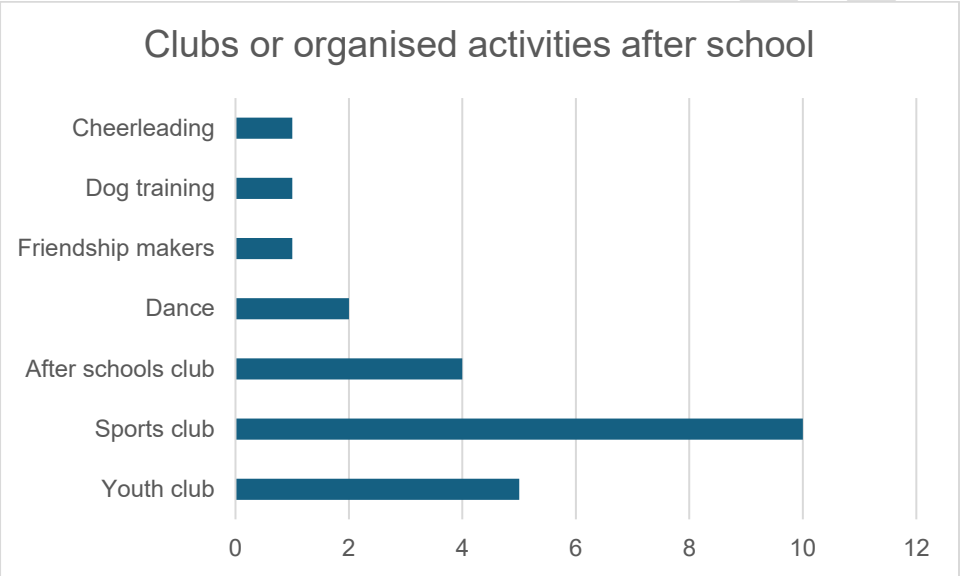
²⁵ What do kids like and dislike about school? This is why it matters – and we can do something about it <https://theconversation.com/what-do-kids-like-and-dislike-about-school-this-is-why-it-matters-and-we-can-do-something-about-it-179944>

in education or training (NEET) this is higher than the national average of 10.6 per cent ²⁶.

We asked: what do you like doing outside of school/college?

Young people said: 47 per cent of young people didn't engage in any clubs or organised activities after school. However, they met with friends, went to the cinema or theatre, played sports, spent time gaming or had hobbies like photography, crafting or playing a musical instrument.

It would be nice for 16 years olds to go and meet new people with the same interests as there is nowhere to go and I'm socially awkward and need help.



Some young people attended more than one club e.g. cheerleading and gymnastics. There were 16 young people who did not engage with any organised clubs or activities. Many were unaware of clubs/groups in Bracknell Forest they mainly relied on information from their family or school and were unsure how to find out about clubs that may suit their interests. Most young people are partially happy or happy with their social groups and ability to socialise. 30 per cent are unhappy. Family is the most common support for young people's safety and happiness.

89 per cent of young people visit Bracknell town centre at least sometime. 75 per cent found it to be sometimes too busy or challenging. Some suggestions to make things more comfortable for them included scheduled quiet times (no music in shops). More awareness from staff in shops about autism, more visual symbols on signs, less flickering lights and sensory rooms, one way walkways, quiet/green spaces, or mini park to regulate in.

We asked: what are their future aspirations?

Young people said: 56 per cent said they had not thought about what they might want to do once finishing school. For those who had 11 wanted to go to college, 4

²⁶ NEET: Young People Not in Education, Employment or Training
<https://commonslibrary.parliament.uk/research-briefings/sn06705>

had thought about an apprenticeship and 2 a supported internship. 3 young people wanted to get a job.

For young people who know what they want to do after finishing college, getting a job was the most selected desired next step. 4 considered university. 89 per cent of young people are not aware of the Approaching Adulthood team who could offer support in their transition to adulthood. Most young people either see themselves as living with their family or on their own in adulthood.

Other things that were raised on several occasions was that they did not feel listened to and there seemed to be a lack of concern for their mental health. Feeling like they did not fit in was a cause of anxiety.

I'm not sure what's available and I feel like, because I couldn't cope at a mainstream school, how could I ever manage college or university. I'm scared I won't get a job or a job that I can cope with that will pay enough

Feedback on the survey from Early Help practitioners suggested that for children/young people who share a bedroom with an autistic sibling, this can also have an impact on their mental health and wellbeing which can be overlooked.

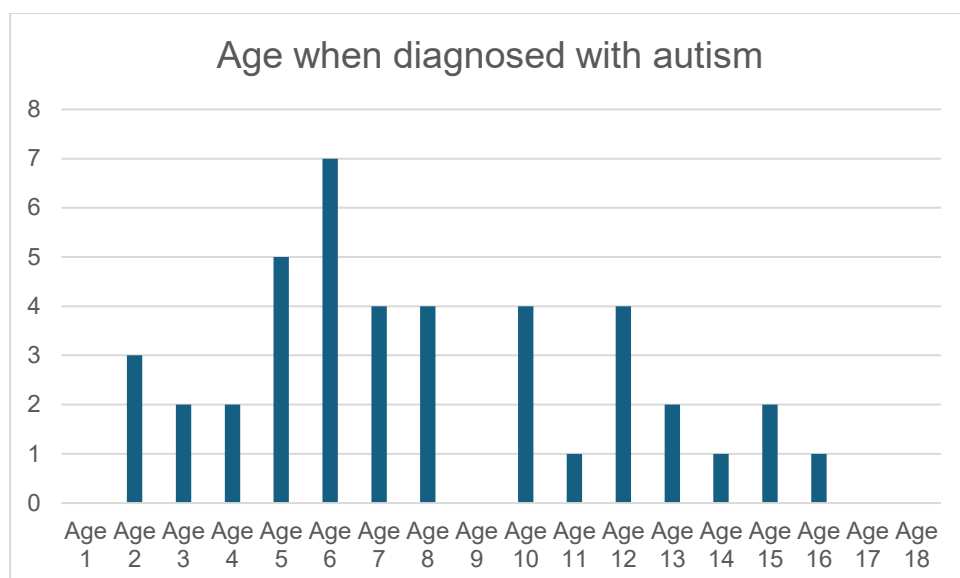
Appendix C. Parent/carers survey

There were 42 validated surveys. Parent/carers were aged between 25-54. 5 parent/carers are autistic, as well as having an autistic child/young person. About the children and young people:

- 25 Parent/Carers have 1 autistic child/young person in their household
- 16 have 2 autistic children/young people in their household
- 1 has 3 autistic children/young people in their household
- 19 Parent/Carers have children aged 5-11 in their household
- 23 Parent/Carers have children/young people aged 12-18 in their household
- 62 per cent of these children/young people are male
- Most are from white or mixed ethnic backgrounds. 1 responded 'Prefer not to say'

We asked: what difference did getting an autism diagnosis make to their child?

Parent/carers said: 74% of Parent/Carers said it made a difference to their child/young person to know they had autism. Of that 74%, most said it made their child/young person understand themselves better. 5 people said it didn't make their child/young person understand themselves better and 3 people said it made their child/young person feel less confident knowing they are autistic.



We asked: how do you think you child is doing in school?

Parent/carers said: 60 per cent of Parent/Carers think their child's school doesn't understand autistic individuals. Most people thought more training would help their child's school learn about autistic individuals. Parent/carers felt there was a cookie cutter approach to autism and there needed to be an increased understanding of the variety of ways autism presents and work with parents to understand their child's individual needs and develop accommodations/aids together.

We asked: what does your child enjoying outside of school?

Parent/carers said: Swimming, art/craft and going to the park were the top 3 things their children enjoyed doing after school. 45 per cent of parents said that their child belonged to a club or group. Chance to Dance, swimming, and gymnastics/ninja skills was selected 3 times. Kidz and football was selected twice, and Guides and Scouts was selected once. Other clubs or groups attended by children/young people with autism include:

- Autism Berkshire Trampolining at Bracknell Trampoline Centre
- Afterschool Music Club
- Child Development Centre, Great Hollands
- Dance Cheerleading
- Make/Sense Theatre
- Artemis Medusa Music Theatre
- Oakwood Rock Climbing Group
- Friendship Makers at GH Library
- Social Groups for Home Educated Children
- 2nd Bracknell Explorers
- Waves Swim and Fitness
- Gymfinity/Ninjas
- FC Bracknell/Harts of Bracknell
- Swim Kids Ascot

100% of Parent/Carers who named the above clubs/groups their child/young person attends, said it benefitted their child/young person to attend these clubs. Benefits included, helping to build confidence, teamwork, independence, fitness, and social skills and making friends (particularly with other SEN children/young people), or developing interests. Parents preferred their children to be in neurodivergent affirming environments that are less busy/noisy environments, with safe spaces, to regulate. Some children told us they wanted to be supported to be in clubs with their friends, not necessarily SEN groups. 60 per cent of parent/carers said their child/young person wants to join more activities with other autistic individuals as they believe being with other autistic people is good for their child or young person. Some autistic children/young people don't want to be around other autistic individuals they find it difficult to relate to or get along with people with different presentations of autism to themselves. They have a desire not to be perceived as autistic or 'different'. They also find activities/groups available specifically for autistic people don't match their interests.

A sense of belonging. She cannot manage school so the sense of routine and belonging from clubs is invaluable.

Barriers to accessing activities included the times that they took place, e.g. 6pm on a Friday night when their child was tired from a week at school or at dinner/bedtime. Some of the things parent/carers suggested were:

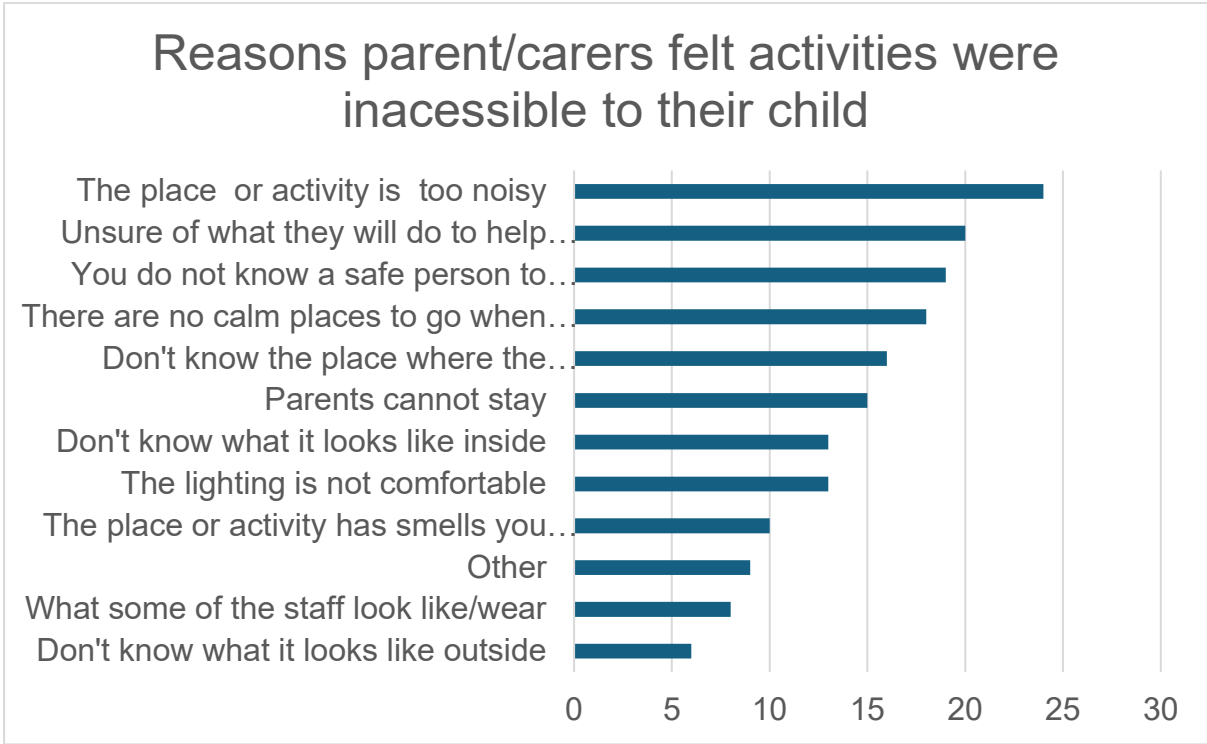
- Activities available at a greater range of times, including afterschool, weekends, and outside normal working hours during the week (This would help with both parents being able to support the child/young person, and attendance from autistic children who go to school)
- Arts, crafts, or pottery clubs
- Gaming clubs (including game design, coding, and card games/boardgames)
- Clubs or groups that support ambitions towards further education like textiles or design groups
- Animal related clubs (particularly for under 13s)
- More clubs where the parents can stay to provide general, or mobility, support
- More groups specifically for SEN children/young people like sensory groups or soft play (particularly for under 5's) with specially trained staff

Noise was the most common reason given as to why an activity would not be

They find it challenging being with other autistic young people, they see their "differences" as odd and cannot identify with them. They do not like to be perceived as SEN or needing anything different to anyone else and, despite being in year 11, cannot see past the extreme presentations of autism.

accessible to their child/young person. Other barriers included off peak timings of activities meaning working parents or children in school cannot attend, siblings cannot attend to support, worries about differing presentations of autism among other attendees and low staff to child ratio. Most parent/carers found out about

activities through social media or schools.



We asked: what is your experience with healthcare professionals?

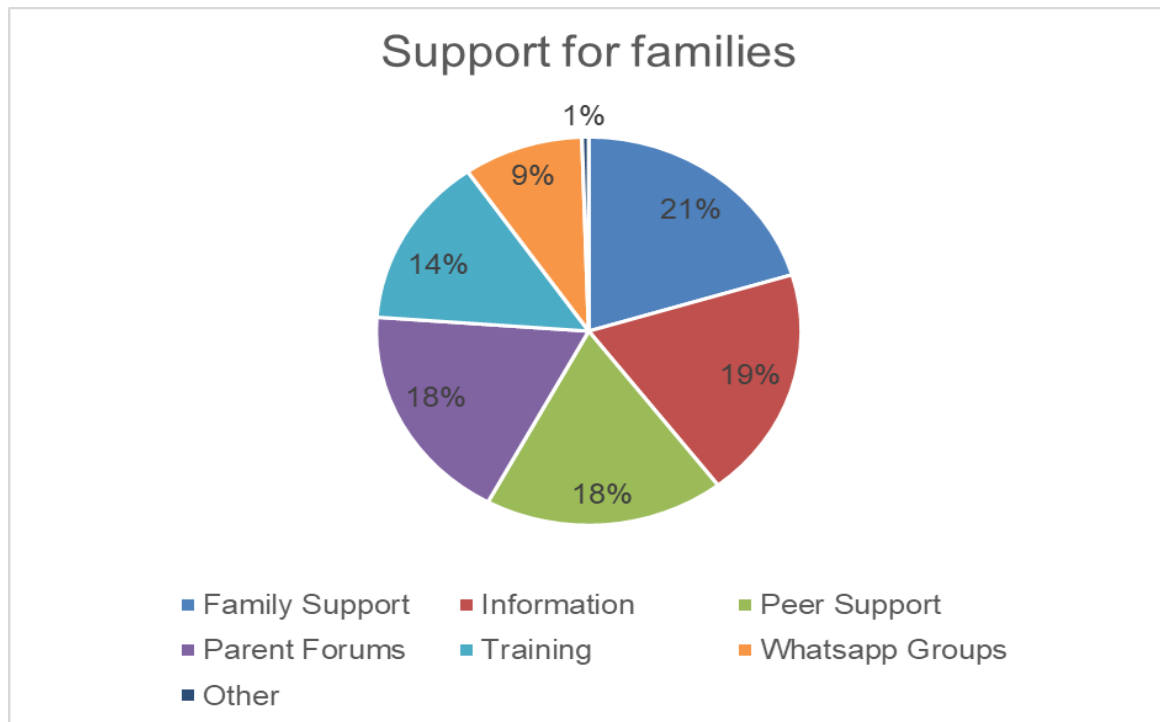
Parent/carers said: Most health care professionals should talk to them about their child/young person’s need or training would help them communicate better with their child/young person. They felt health professional needed to learn about how an autistic person might describe their symptoms and interpret questions. Also, healthcare professionals needed to learn about the accommodations they can make in practice to make it more accessible. 74 per cent of Parent/Carers don't think their doctor understands their autistic child. 71 per cent don't think their Nurse/Health Practitioner understands their autistic child. 62 per cent don't think their Dentist understands their autistic child. Quiet waiting rooms, better lighting, and video consults have been suggested for better experiences in engaging with healthcare professionals/settings. Waiting times can be difficult for children who struggle to wait.

Other challenges - when going somewhere for the first time (whether that’s school, doctor’s, cinema etc.) children/young people need information beforehand. The top two things they need to know are: what it looks like inside and calm places to go. Many parent/carers said their child will need support in making decisions for example due to anxiety or needing help understanding options/questions through repetition or rewording or having difficulty expressing their own thoughts and feelings with words.

However, with the right support most thought they would be able to make their own decisions.

We asked: what are the avenues of support you receive for yourself and your family?

Parent/carers said: Family support, but only by a small margin. Information, Peer Support, and Parent Forums followed very closely behind.

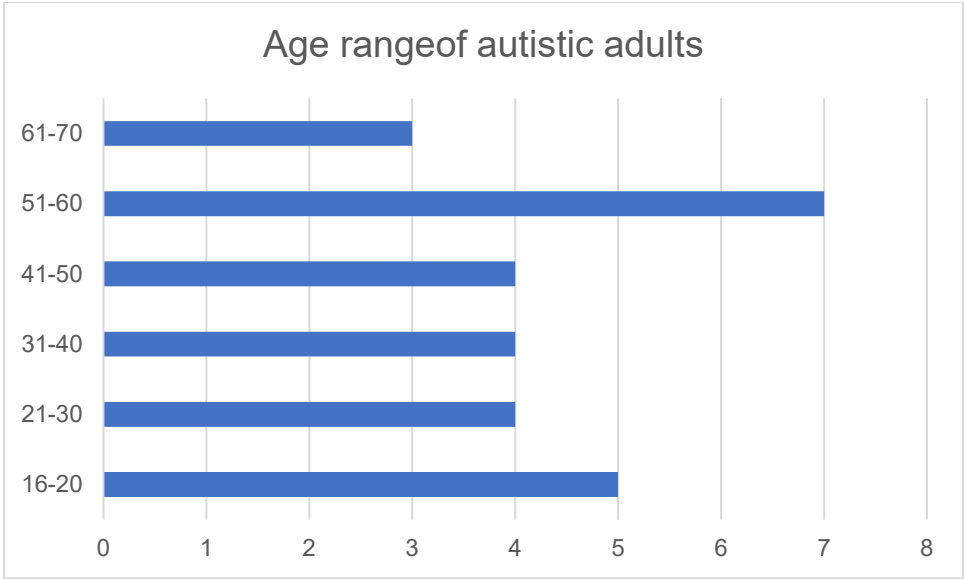


Some of the barriers to support identified were:

- No suitable support available
- Health Professionals signposting to already easily accessible or known information
- Health Professionals focusing on fixing autistic behaviours rather than accommodating them
- Support groups inaccessible to working parents because of timings
- Not knowing where to go for help/information, especially locally
- Being a parent with dyslexia and struggling with written information
- Difficulty feeling heard and understood by local authorities
- Difficulty getting out and about with children/young people with autism
- Long waitlists

Appendix D. Adults survey

27 people completed the survey. They were aged between 16 and 70 years old. More females than males responded to the survey. Most people received support from family and friends.



We asked: how does your living situation meet your needs?

Autistic adults said: Most people lived with family, partners, independently. 99 per cent of respondents said their current living situation met some or all, of their needs. Those that lived with family/partners received support with travelling, bills, appointments and shopping. The biggest challenges were around noise (from neighbours in social housing accommodation where they had no choice) or in busy households. People living at home (with parents) felt they had no independence. Whilst those living independently felt they had too little social contact.

We asked: have you been involved with the Criminal Justice Service (CJS)?

Autistic adults said: 8 of our respondents had been involved with the CJS at some point. 3 of them were aware of support within the CJS. There were concerns that some carers or homes involve the police when the autistic person is having a ‘bad day’ and there needs to be better understanding of what causes of an autistic person to get upset and how to make an autistic person feel safe. Those that found themselves in police custody said that the situation was often exacerbated by not having access to intermediaries from the first point of contact, or people they know to make them feel safe. Support for young autistic adults in police stations is limited – Adult social care (ASC) does attend, but it depends on circumstances whether ASC provide support. In 2024 the National Appropriate Adult Network (NAAN) training was introduced. It is a requirement that you have this training to be able to support a young adult in police custody and the training has not yet been fully rolled out. Health partners will also provide an appropriate adult but only if the person has a diagnosed Learning Disability as well as autism. A government report on neurodivergent people in the CJS and a cross-party action plan was agreed in 2021 and updated in 2023.

One of the actions is to ensure better understanding and accommodations of autistic people from the first point of contact, which includes access to intermediaries ²⁷.

Apart from access to intermediaries the biggest issues were around noisy cells, communication and lack of understanding. Autism Berkshire are currently involved in a project with Bracknell Forest and Thames Valley police to try and address these known issues.

We asked: how are your health needs met?

Autistic adults said: Almost 50 per cent were diagnosed in adulthood. Post diagnosis 2 people were referred to social services for a needs assessment. These were the only 2 who received any information on autism post diagnosis.

6 people said their G.P. practice never met their needs. These same practices were also found to be most supportive by other people. This suggests a more tailored approach is needed.

Following the survey results we ran a focus group with autistic adults to assure our priorities. They highlighted unmet mental health needs, as well as physical health needs. Some of those diagnosed with autism in childhood who had received support from the Child and Adolescent Mental Health Service (CAMHS) teams, felt that once they had turned 18 there was little if any support from adult mental health teams and that this was something not addressed by their G.P. They felt G.P. practices could improve by advertising if they are autism friendly and undertake training to improve their understanding about what autistic people might need to reduce their anxiety. Face to face appointments, for longer and being able to see the same doctor were all suggestions to improve autistic people's experience.

We asked: what is your employment status?

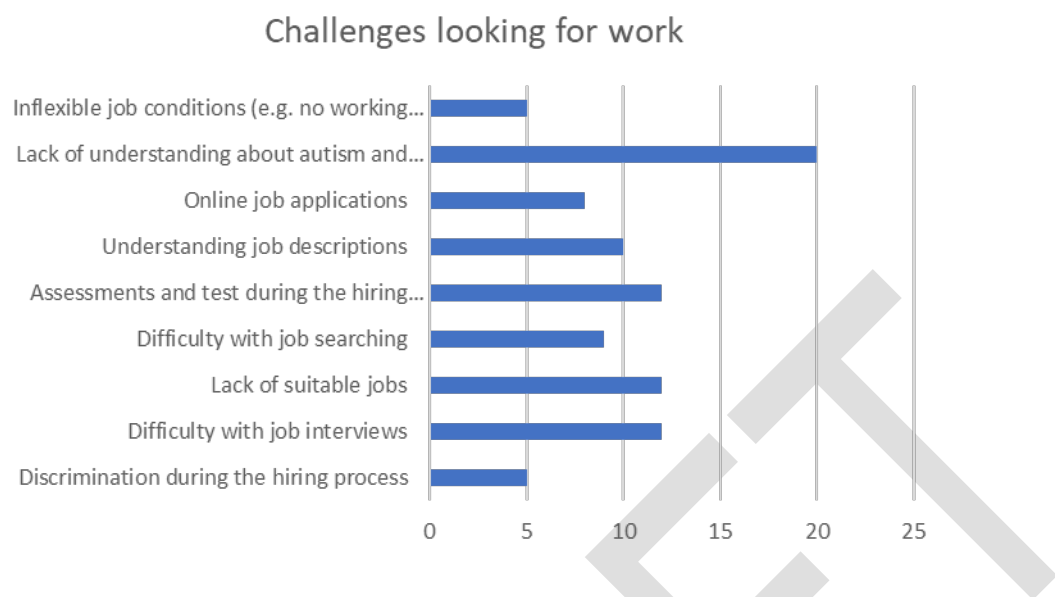
Autistic adults said: 54 per cent of respondents are employed. 4 per cent are students. Of those in work, 19 people regularly needed reasonable adjustments including noise cancelling headphones, adjustable lighting, reduced noise/smell, more space, clear communication, notice of change, not rushed and chunked information. Suggestions for improving experience of work included making reasonable adjustments normal and improving links with employers to help autistic people access work.

The main challenges looking for work were lack of understanding about autism.

A lot of people (such as employers) aren't always knowledgeable in this field, so it makes it harder to advocate for myself, as they don't always know or understand how I feel or why I do what I do or why I need what I need. If people were more knowledgeable, it would make it easier to advocate for myself to help myself.

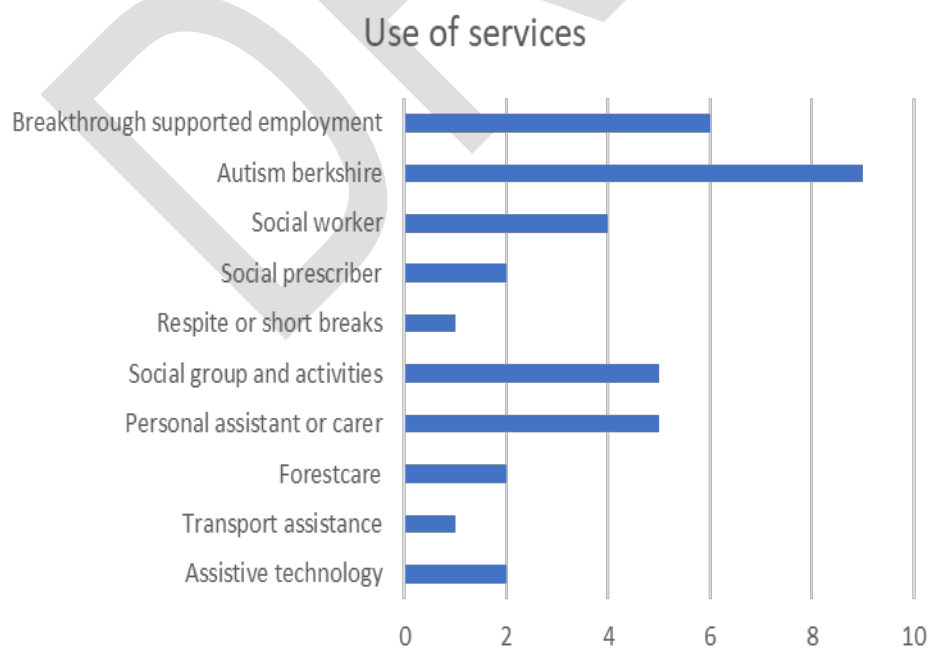
²⁷ A Response to the Criminal Justice Joint Inspection: Neurodiversity in the Criminal Justice System, A Review of Evidence

https://assets.publishing.service.gov.uk/media/62bd9c26e90e075f2ac6045d/MoJ_Neurodiversity_Acti on_Plan_30_06_2022_001_.pdf



We asked: what services are you aware of and which ones do you use?

Autistic adults said: The service they were most aware of was Breakthrough Employment, however more people used Autism Berkshire.

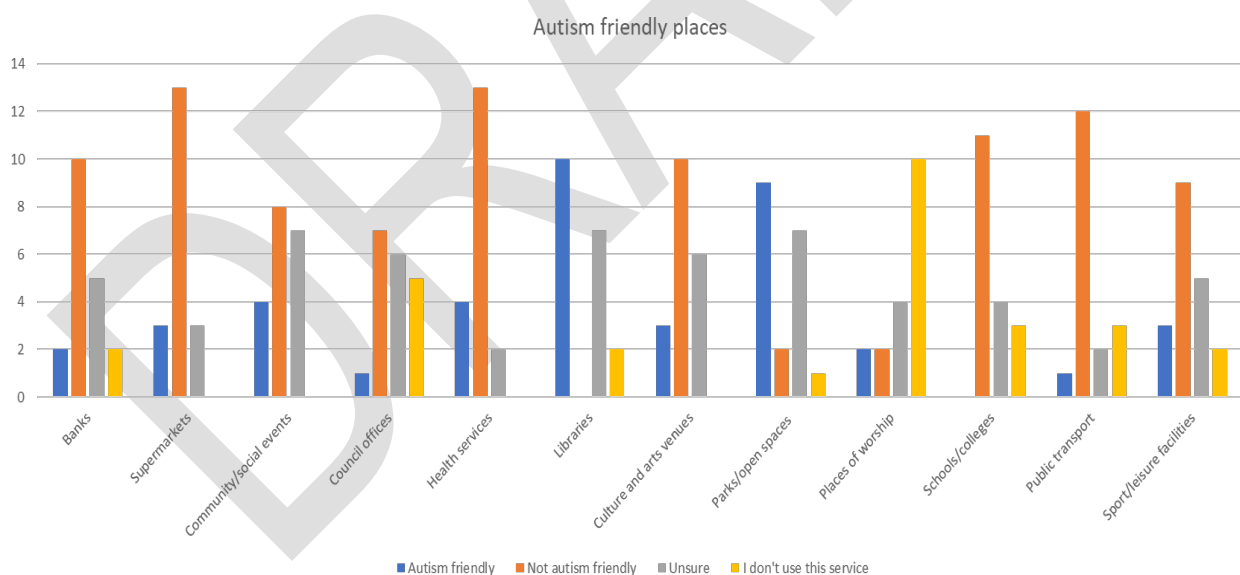


- 100 per cent of those who used assistive technology, Transport assistance, Breakthrough supported employment, a personal assistant or carer found this effective or OK.
- 100 per cent who used Respite, social prescribers or Forest Care found it OK.
- 67 per cent who used social groups found them effective or OK. 33 per cent found social groups not effective.
- 80 per cent of those with a social worker found this effective or OK, 20 per cent found this not effective.
- 78 per cent who used Autism Berkshire found them effective or OK, twenty-two per cent found Autism Berkshire not effective.

We asked: how autism friendly is Bracknell-Forest?

Autistic people said: The most autism friendly places in Bracknell Forest were libraries and parks. People in our focus group also found Southwest trains to be very autism friendly and reported that some of the buses are also becoming more autism aware.

The least autism friendly places were supermarkets and health services.



We asked what do places need to be more autism friendly?

- Time period for autistic people only.
- Having times when sensory input is reduced.
- More autism awareness in businesses e.g. banks.
- Safe spaces. Reduced noise. Lower lighting. Blue badges.
- No music. More awareness on public transport.
- Better understanding of autism at leisure centres/arts centres

Generally, it was felt there was a lack of information about autism in Bracknell Forest. The top 3 sources of information were from the Internet, social media and parents and carers

And finally we asked what one thing that people would change:

- Adaptive housing
- Own place where noise levels are low
- Understanding from health services
- Work experience on railway/find a job that meet my needs
- Low level support for high functioning autistic adults
- Reduce working hours so I can rest
- Understand myself better
- Small group of friends
- Diagnosis