Autism Needs Assessment: London Borough of Bexley

Document information	
Document Purpose	Autism public health needs assessment – Bexley
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Publication Date and version	V1 – 9th June 2025
Audience	All
Other related projects or documents	Bexley Autism strategy 2024-28 Autism Equality Impact Assessment
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EXECUTIVE SUMMARY

Purpose

This public health needs assessment aims to provide a comprehensive understanding of autism within the Bexley population. It serves to inform service planning and delivery, identify unmet needs and propose recommendations for addressing gaps for autistic people in Bexley.

Key findings

Overall prevalence

- The overall diagnosed autism prevalence in Bexley is 1.8% (4,624 people), higher than the South East London (SEL) average of 1.32%. This is an increase of 1,215 from the earliest available comparison of diagnosed prevalence in Bexley, which was 3,409 (1.4%) in January 2022, when the prevalence across SEL was 1.0%.

Variations in diagnosed prevalence

- 6-25 year olds have the highest rates of diagnosis (between 4.55% to 6.54%) with prevalence dropping from 19 years old onwards to those aged 71 years and older (0.05%).
- Males (2.57%) have higher diagnosis rates than females (1.06%), in line with SEL and national trends.
- Bexley has higher diagnosed autism prevalence than SEL averages in those from White (2.02% vs 1.33%), Unknown (2.04% vs 1.45%), with Mixed (2.51% vs 2.05%) and from Other (0.98% vs 0.69%) ethnic backgrounds. However, it has comparatively lower diagnosed prevalence in those from Black ethnic backgrounds (1.30% vs 1.51%).

- The most deprived areas (3.07%) have higher rates of diagnosis compared to the least deprived areas (1.34%), in line with national trends.

Comparison to estimated true prevalence

- The estimated true number of autistic people in Bexley is between 1287 and 3346 based on national survey data, lower than the 4,624 people diagnosed with autism registered to a Bexley GP.
- However, there is a likely underdiagnosis in older age groups, with between 105 and 570 adults aged 51 to 70 in Bexley and between 130 and 358 adults aged 71+ in Bexley estimated to living with undiagnosed autism. This is likely to be particularly true for those without a learning disability.
- Bexley also diagnoses males with autism at higher rate than the estimated true prevalence, but similar rate to true prevalence in females, suggesting inequalities

Waiting times

- 812 children and young people in Bexley are waiting for autism assessment as of November 2024, with the current average wait time being approximately 39 weeks.

- Nationally there have been significant increases in wait time, five-fold since 2019

High rates of dual autism and ADHD diagnosis

- 27% of people diagnosed with autism by Oxleas children and young people service in 2023 were also diagnosed with ADHD. This aligns with national trends.

High rates of co-diagnosis with learning disability

- 12.7% of people registered to a Bexley GP with autism have a learning disability, compared to 14.2% at SEL level.

High levels of autism-related SEN

- 1,563 pupils in Bexley schools are autistic, with 12.8% of pupils with SEN support being autistic, and 46.7% of those with Bexley maintained EHCPs having a primary need of autism, higher than the England average (33%).

- Whilst White pupils make up 56% of the total school headcount in Bexley (56%), White pupils account for 65% of autism-related SEN.

Increased ED attendance rate

- Local data shows autistic people in Bexley attend ED at a rate 54.6% higher than the general population, particularly males aged 6-18 years old.

- Across SEL, autistic people are 5.8 times more likely to present to ED with self-harm.

Inequalities in local and national health outcomes

- People registered to a Bexley GP with a diagnosis of autism are almost twice as likely to be recorded on their practice's obesity register as those without autism, and more than twice as likely to have a diagnosis of depression.
- Autistic men and women without a learning disability living in the UK have an average estimated life expectancy of 74.6 and 76.8 years compared to around 80 and 83 years for all men and women living in the UK.

Stakeholder service gaps and challenges

- Limited post-diagnostic support for adults without learning disabilities or mental health needs

- Lack of centralised support hub for adults with autism

- Insufficient transition support for young people without EHCPs

-   Lack of tailored mental health and employment support services

Future projections

-   If current diagnosis patterns continue, the number of people with autism diagnoses in Bexley is projected to decrease slightly from 4,519 in 2025 to 4,459 in 2035. However, this projection has significant limitations that limit its usefulness, due to expected changes in diagnosis rates, and population change.

Knowledge gaps

-   Further understanding of demographic inequalities

-   Comparable assessment data

-   Wider local health and employment outcomes

-   Accurate underlying true prevalence estimates, particularly by age group

-   Robust projections

Recommendations

Priority 1: Raising awareness – autistic people will feel understood, valued and part of our community

1.1 Utilise the findings of local evidence to ensure local services meet the needs of autistic people in Bexley

1.2 Continue to work to raise awareness of autism in ways beneficial for all ages, genders, ethnicities and areas of Bexley

1.3 Continue upskilling of professionals to identify and support autistic people across all ages, genders and ethnicities and areas of Bexley

1.4 Share findings of this report with local autistic people through relevant forums

Priority 2: Autistic people will have good access to support and services to thrive as individuals

2.1 Further understand and address potential diagnostic gaps in Bexley, especially for older age groups without learning disability, people from some ethnic minority backgrounds and females

2.2 Use an understanding of local gaps to plan for and address the increasing demand on autism assessment and support services, guided by national best practice

2.3 Ensure clear understandings for local people regarding diagnostic pathways for CYP and adults in Bexley

2.4 Consider a central post-diagnostic support hub offer for autistic adults

2.5 Build on Bexley's assets, working with VCSOs to further iterate the local support system for autistic people of all ages and across the spectrum, including for mental health

2.6 Continue to focus on early intervention, including on support prior to diagnosis

Priority 3: There are more opportunities for autistic people to be heard and to influence change in Bexley

3.1 Work to continue to better understand the differing experiences of autistic people from across Bexley, such as through the SEL ICS engagement activity

3.2 Continue to build effective engagement mechanisms which support autistic people in Bexley to contribute to local policies and practice

3.3 Continue to build partnerships to ensure the local data infrastructure is used to its potential to better understand the local population

Priority 4: Autistic people have better health and wellbeing

4.1 Ensure partnership working to generate clear, system-wide understandings of the health and wellbeing needs of local autistic people

4.2 Guided by local evidence, views and up-to-date best practice, ensure local services address health inequalities for autistic people in Bexley

4.3 Produce an update briefing using the updated APMS figures for estimated true prevalence in June 2025 to better understand potential diagnostic gaps in Bexley

Priority 5: Autistic people have better access to education and employment

5.1 Ensure appropriate autistic-related SEN support for all groups in Bexley

5.2 Strengthen transition programmes to support young people, for those both with and without ECHPs, through and into adulthood

5.3 In view of the wider long-term benefits to the autistic person and their communities, focus support on employment in partnership with key organisations

1. INTRODUCTION

1.1 Background

Autism

What is autism?

Autism, also known as 'autism spectrum disorder' (ASD) or 'autism spectrum condition' (ASC), is a lifelong condition which affects how an individual communicates with others and interacts with the world. It is a neurodevelopmental disorder, meaning it is a result of differences in brain development. Although people with autism can also have a learning disability, it is not a learning disability itself. Autism is a form of 'neurodivergence', an umbrella term for people whose brains work differently to what is considered typical.[1]

How does it affect people?

Autism is a 'spectrum' condition, which means that people are affected in different ways. However, according to the National Autistic Society, some common characteristics of autism include:

Challenges with social communication - Autistic people process communication differently. Some people may struggle to read body language and tone of voice. While some have trouble speaking, others speak well but find sarcasm confusing. They often take words literally and need more time to think before responding.

Challenges with social interaction - Autistic people may find social interactions challenging because they process emotions differently. They often have trouble understanding others' feelings and showing their own emotions. This can make them seem distant or uninterested when they're actually overwhelmed.

Repetitive and restrictive behaviour - Autistic people often rely on structured routines to help make sense of an unpredictable world. They may stick to specific daily patterns and use repetitive movements (called stimming) either to self-soothe or for enjoyment.

Sensory differences - Autistic people may experience over- or under-sensitivity to sounds, touch, tastes, smells, light, colours, temperatures or pain. For example, they may find certain background sounds like music in a restaurant, which other people ignore or block out, unbearably loud or distracting.

Alongside the above characteristics, autistic people are also more likely to suffer from mental health problems, including anxiety, which can be accompanied by meltdowns and shutdowns. In addition, although autism is not a learning disability, around 1 in 3 autistic people also have a learning disability. Many autistic people also have other neurodevelopmental disorders such as attention deficit hyperactivity disorder (ADHD). [2]

It is important to be clear that autism exists along a 'spectrum' with unique profiles of strengths and challenges. For this reason, although its presentation varies, autism is often considered a 'hidden' disability as it is not always obvious to others that someone has it.[1]

Who is at risk and why?

The exact cause of autism is unknown. Research suggests that autistic people are more likely to have a child who is autistic, but autism likely results from a range of factors. However, although the exact cause is unclear, the National Institute for Health and Care Excellence (NICE) is clear that autism is not caused by things such as the way a person was brought up, and not caused by any vaccine including the measles, mumps and rubella (MMR) vaccine. [3]

Anyone can be autistic, regardless of gender, race or age. Autism diagnoses are more common in boys, but these statistics may be affected by different referral rates, and it is

likely that some groups, such as older age groups, women and girls, people from ethnic minority backgrounds, are under-diagnosed. [3,4]

How is it diagnosed?

There are currently two key characteristics present from an early age which are necessary for a diagnosis of autism:

1) Challenges with social communication and social interaction

2) Restricted and repetitive patterns of behaviour, interests or activities

These characteristics will be considered in context, such as how long they have been present, how they affect day-to-day life, and they must not be due to another cause such as learning disability.[5]

The diagnosis process usually involves specialists like psychologists, pediatricians, speech therapists or psychiatrists who gather information through interviews with the person and their family, observe behaviours and collect reports from places such as schools.

A professional autism diagnosis can help an autistic person get the support they need from others. However, while diagnosis can open doors to resources and organisational support, given high levels of underdiagnosis in many groups, some services may be available even without a formal diagnosis. [3,6]

What support is needed?

Support needs vary greatly between autistic people. Some autistic people will need little to no support, while others may have high care needs, including 24-hour support in residential care. The support needed can range from help with making friends, school, work, or participation in everyday life. Given the variation in needs of autistic people, it is important this support is specific to the person and considers them holistically.[7]

1.2 Policy and legal context

National legislation, policy, strategy and guidance

In the UK, there are various laws, policies, strategies and guidance documents which outline responsibilities various sectors should adhere to in regards to supporting autistic people. This includes the Autism Act 2009, which was the first disability-specific legislation in the UK and mandates the government to produce and update a national strategy on autism, the most recent of which was a national all-age autism strategy for 2021-2026.[8,9] This strategy is supported by the Department of Health and Social Care's 2015 *Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy*.[10] In addition to these, there are broader pieces of legislation, policy, strategy and guidance which place responsibilities upon local authorities, the NHS and broader care, education, housing and employment sectors to support autistic people. These include the Equality Act 2010, Care Act 2014, Children and Families Act 2014 and subsequent SEND Code of Practice 2015 as well as the Homelessness Reduction Act 2017.[11-15] In addition, autism-relevant guidance includes the NHS Long Term Plan (2019), NICE guidelines (NG93, CG142 and CG128, QS51) and NHS England *Operational guidance to deliver improved outcomes in all-age autism assessment pathways*, as well as the recent Get Britain Working white paper which outlines reforms to support autistic people.[16-22]

Implementation of these requirements is monitored through various mechanisms.[23] NHS England maintains oversight of healthcare commissioning and service standards while the CQC (Care Quality Commission) also considers autism services within its inspection framework for both health and social care providers. Ofsted also monitors educational provision through school inspections and local area SEND reviews.

Despite the different roles various bodies and sectors play in supporting autistic people, the effectiveness of this relies heavily on partnership working across organisational boundaries, including on information sharing, joint commissioning and workforce development.

Local policy and strategy

In 2017, Bexley produced its first local autism strategy. This focussed on adults and outlined several key outcomes for autism in Bexley. The renewed strategy for 2024-28, an all-age strategy, aimed to build upon previous work to improve the lives of autistic people in Bexley.[24] A range of voices contributed to the strategy development through a variety of means, including people who may not be known to traditional services or organisations. The strategy, developed in partnership from the Bexley Autism Partnership Board (APB) and with support from Bexley Mencap who engaged with local people and services to inform and develop a refreshed Autism strategy for Bexley. The strategy suggested the need to focus on the following five priorities:

1) *Autistic people feel valued, understood and part of our community*
2) *Autistic people have good access to support and services to thrive as individuals*
3) *There are more opportunities for autistic people to be heard and to influence change in Bexley*
4) *Autistic people have better health and wellbeing*
5) *Autistic people have better access to education and employment*

This strategy sits alongside other local strategy and guidance, including the in-progress Special Educational Needs and Disabilities (SEND) public health needs assessment, SEND and Preparing for Adulthood (PfA) strategy 2024-2028 and Special Educational Needs and Disabilities local area Priority Action Plan, which respond to the 2023 Area SEND inspection of the Bexley Local Area Partnership. This inspection highlighted 'widespread and systemic failings' which led to the experiences and outcomes of Bexley's children and

young people with SEND becoming a cause for concern for Ofsted. [25,26] In addition, Bexley has a Safety Valve agreement, a structured plan between Bexley and the Department for Education (DfE) to address and reduce the local authority's high-needs deficit within the Dedicated Schools Grant (DSG) by 2028. Under this agreement, Bexley is committed to achieving a balanced DSG account through measures that include expanding local SEND provisions, enhancing inclusive practices, and introducing early interventions aimed at reducing the demand for high-cost external placements. [27]

The above SEND-related plans are in addition to broader autism-relevant plans such as South East London (SEL) Integrated Care System (ICS) Learning Disability and Autism Vision and SEL ICS Mental Health, Learning Disabilities and Autism Inpatient Quality Transformation Plan, Bexley Wellbeing Partnership Integrated Forward Plan, Bexley Joint Local Health and Wellbeing Strategy (2023 –2028) and London Borough of Bexley Local Plan.[28–32]

1.3 Report purpose and scope

As part of the local strategy's priority that 'autistic people have good access to support and services to thrive as individuals', it was agreed that a key aim is to 'understand our autistic population better and use this information to help shape services'. Although the strategy was supported by an Equity Impact Assessment (EIA), there was a need for a broader understanding which can inform planning and delivery of services for autistic people in Bexley, which this public health needs analysis, or needs assessment, aims to address.

Specifically, the purpose of this public health needs assessment is to provide the information to help inform planning and delivery of services for autistic people in Bexley. The report will assess the local picture of autism in Bexley, including trends and risk groups, the local offer available with reference to various services, relating these findings

to best practice and finally considering what is on the horizon. The report will also note key recommendations for support of autistic people in Bexley based on the findings. In this, it not only provides a platform for wider strategic work around autism in Bexley, but the process also supports other key aims such as ensuring the voices of autistic people are heard, building partnerships and improving wider awareness and outcomes.

The report focusses on quantitative data, aiming to provide the most up-to-date understanding of autism and related services in Bexley, extending national data where necessary. It will also identify where the gaps in the data are, as well as offering a map of services in Bexley around autism at the time of writing alongside the noted policy context.

Although the report focusses on autism, it is acknowledged that neurodivergence itself is a spectrum, and there will be many overlapping needs for those with and without an autism diagnosis. Additionally, although the report considers the needs of autistic Children and Young People (CYP), the report is not focussed on the wider SEND system in Bexley, which is covered in more detail by the SEND needs assessment and SEND and PfA strategy 2024-2028.[25]

1.4 Report methodology

Information sources

The report gathered information from a range of different sources, as outlined below.

Literature review

To provide the broader context around autism in Bexley, the report involved a rapid overview of the literature to identify key relevant national legislation, policies and guidance. In addition, to identify key evidence and best practice as it related to services in Bexley, a further rapid review of the literature was performed.

Quantitative data

Quantitative data, i.e. statistics and figures, are the primary of focus of this report to support the qualitative data of the strategy development. The data was obtained from local sources where able, with national or international data extended to Bexley where necessary.

Key local sources included: Bexley Observatory, Joint Strategic Needs Assessment (JSNA), SEL Integrated Care Board (ICB) Dashboard, School Census, Adult Social Care (ASC) statutory returns and PfA data.

Key national sources included: Census, Nuffield Trust NHS Digital and Adult Psychiatric Morbidity Survey (APMS).

Within the local data, people in Bexley are considered those registered with a GP in Bexley (of who approximately 90% are resident in Bexley). Where regional comparison for the Bexley prevalence is provided, it is compared to those registered to a GP across the whole of SEL. Where estimated of prevalence are provided, the lower and upper 95% confidence intervals (CI) are also given. These CIs show what is considered the lowest and highest likely number of the estimate.

For Code Clusters for diagnoses included in the case selection criteria, please see Appendix 1.

Community perspectives

To sense-check the report's development and contextualise findings, we spoke to a range of different people in Bexley who are either autistic, have experience of supporting someone with autism or work with autistic people, complementing the qualitative research that was conducted in 2024 to inform the development of London Borough of Bexley's Autism Strategy.

Who was involved and how? (including patient voice representation)

The development of the needs assessment was a four-stage process:

1) Scoping

2) Data collection

3) Analysis

4) Recommendation development

The report was led by the London Borough of Bexley Public Health team. The Bexley Autism Partnership Board (APB) was involved in all stages. Additional key stakeholders were reached out to individually at each relevant stage, including review of draft reports.

Limitations

Although this report aims to provide a holistic, up-to-date assessment of autism and services for autistic people in Bexley through a comprehensive approach to data gathering and stakeholder input, limitations must be acknowledged.

In particular, although there is good data availability of data on diagnosed autism in Bexley available largely through SEL ICS infrastructure, there is more mixed availability of centralised, rigorous and comprehensive data across the rest of the system. This has meant that many of these findings provide a snapshot for context and further exploration rather than detailed analysis. The report therefore identifies potential avenues for further enquiry, for example the need to untangle the various factors playing into inequalities in diagnosis rates. Finally, although we aimed to support the report with perspectives from a variety of key stakeholders, it is acknowledged that a selection of views are represented and do not necessarily represent the views of all relevant stakeholders in the local system.

1.5 Acknowledgements

We would like to thank everyone who contributed to this report, including:

London Borough of Bexley – Public Health, Children's Safeguarding (S.H.I.E.L.D), Adult Social Care, Childrens' Services, Preparing for Adulthood, Youth Justice, Housing

South East London Integrated Care System

Oxleas NHS Foundation Trust

Bexley Autism Partnership Board

Bexley Local Offer

Department for Work and Pensions South East London

HM Prison Service South East London

Bexley TwoFold

Bexley Re-instate

Bexley Mencap

Bexley Voice

Terminology

The language used when discussing autism is important because it shapes wider understanding. This language is evolving and varies between contexts. For the purposes of this strategy we will use language recommended by the National Autistic Society, referring to people who have autism as 'autistic people', however we appreciate this is a

matter of preference.[33] In addition, although some people still use terms such as 'high-functioning' autism, we do not use these and instead refer to autism as a spectrum.

2. FINDINGS

2.1 What is the local picture?

The following summarises key findings from an analysis of national and local data, with the majority of data sourced from SEL ICS primary care records in November 2024.

Diagnosed autism prevalence

Diagnosed autism prevalence is the proportion of the population who have an autism diagnosis at the time of data collection. Although there are national concerns regarding under-diagnosis of autism in certain groups (e.g. older age groups, women and girls, people from ethnic minority backgrounds), they do offer a point of comparison to identify local gaps in diagnosis and for identifying need.[34]

According to primary care records as of November 2024, of the 257,354 people registered to a GP in Bexley, 4,624 had a diagnosis of autism, meaning an overall diagnosed autism prevalence of 1.8% for Bexley. Overall, this is higher than the SEL average of 1.32%. In addition, it is an increase of 1,215 from the earliest available comparison of diagnosed prevalence in Bexley, which was 3,409 (1.4%) in January 2022, when the prevalence across SEL was 1.0%.

Table 1. People registered to a GP in Bexley with an autism diagnosis by age and sex (source: SEL ICS)

Age	ASD diagnosis	GP-registered population	Bexley ASD prevalence	Lower 95% CI	Upper 95% CI		Bexley prevalence

						SEL ASD prevalence	compared to SEL
0 to 5	107	16,558	**0.65%**	0.54%	0.78%	0.90%	Lower
6 to 12	1,301	23,104	**5.63%**	5.34%	5.94%	4.73%	Higher
13 to 18	1,298	19,838	**6.54%**	6.21%	6.90%	5.06%	Higher
19 to 25	926	20,371	**4.55%**	4.27%	4.84%	2.93%	Higher
26 to 50	794	90,930	**0.87%**	0.81%	0.94%	0.62%	Higher
51 to 70	185	58,050	**0.32%**	0.28%	0.37%	0.24%	Higher
71+	13	28,503	**0.05%**	0.03%	0.08%	0.05%	Similar
Female	1,402	132,020	**1.06%**	1.01%	1.12%	0.80%	Higher
Male	3,217	125,309	**2.57%**	2.48%	2.66%	1.84%	Higher
ALL	4,624	257,354	**1.80%**	1.75%	1.85%	1.32%	Higher

There are multiple hypotheses for higher rates of diagnosis in Bexley compared to SEL, including the possibility that Bexley has a diagnosis rate closer to the true underlying prevalence or that differing approaches to diagnosis are taken within Bexley services. The following breakdown aims to provide a more holistic picture to the diagnosed prevalence, breaking diagnoses down by demographic as well as assessing potential true underlying prevalence. However, it must be noted that this breakdown provides a snapshot rather than any causation underlying inequalities by demographic factor, which will require further exploratory work to consider which factors are key drivers and which factors may mediate and/or confound any associations

Age breakdown

As shown in Table 1, in line with national and regional trends, there is a notable variation in diagnosed autism prevalence by age in Bexley. Specifically, the 6-12 years (5.63%), 13-18 years (6.54%) and 19-25 years (4.55%) age groups show significantly higher diagnosed prevalence than other age groups. Diagnosed prevalence progressively decreases after ages 19-25 to just 0.05% for those aged 71 years and above.

Compared to SEL as a whole, Bexley has a particularly pronounced age gradient in diagnosed autism prevalence. In 0-5 year olds it has a lower diagnosed prevalence compared to SEL and a higher diagnosed prevalence in all other age groups aside from 71 years and above (for which it is similar).

Sex breakdown

As shown in Table 1, in line with national trends, there is a notable variation in diagnosed autism prevalence by sex in Bexley, with higher rates of males diagnosed compared to females. In Bexley, 2.57% of the male population, or 3217 males, have an autism diagnosis, and 1.06% of the female population, or 1402 females, have an autism diagnosis.

Compared to SEL as a whole, Bexley has a higher diagnosed prevalence for both females (1.06% vs 0.80%) and males (2.57% vs 1.84%).

Prevalence by deprivation

As shown in Figure 1, in line with national and regional trends, there is a deprivation gradient in diagnosed autism prevalence in Bexley based on the Index of Multiple Deprivation (IMD).
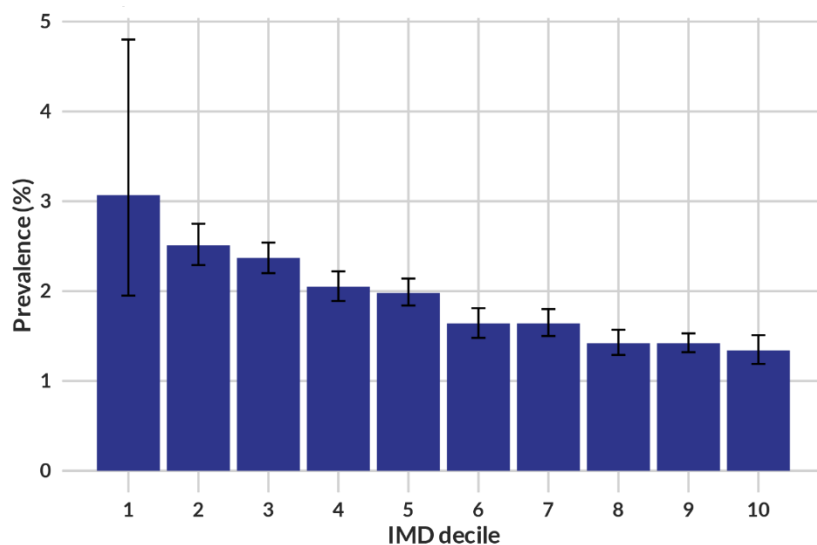
Figure 1. Prevalence of diagnosed autism (%) by Index of Multiple Deprivation (IMD) decile in Bexley (Source: SEL ICS)

Specifically, for people registered with a GP in Bexley living in IMD decile 1 (most deprived 10% of areas), 3.07% have an autism diagnosis. (N.B. as there are no areas of IMD decile 1 in Bexley, this statistic necessarily refers to people living outside the borough)

For those living in IMD deciles 2-5, between 1.98% and 2.51% have an autism diagnosis. For those living in IMD decile 10 (least deprived 10% of areas), 1.34% of people have an autism diagnosis. This difference aligns with national trends, although evidence is mixed in relation to the relationship between socioeconomic status and autism diagnoses. In addition, the different age profiles of the deprivation deciles may mediate the relationship between deprivation and autism diagnoses. For example, autism prevalence is much higher in children, and children tend to live in more deprived areas.

Prevalence by ethnicity

As shown in Table 2, in line with national and regional trends, there are significant variations in diagnosed autism prevalence by ethnicity in Bexley.

Table 2. People registered with a GP in Bexley with an autism diagnosis by ethnic background (Source: SEL ICS)

Ethnic group	ASD diagnosis	GP-registered population	Bexley ASD prevalence	Lower 95% CI	Upper 95% CI	SEL ASD prevalence	Bexley compared to SEL
Mixed	276	10,975	**2.51%**	2.24%	2.82%	2.05%	Higher
White	3,317	164,599	**2.02%**	1.95%	2.08%	1.33%	Higher
Unknown	309	15,131	**2.04%**	1.83%	2.28%	1.45%	Higher
Black	430	32,960	**1.30%**	1.19%	1.43%	1.51%	Lower
Other	87	8,855	**0.98%**	0.80%	1.21%	0.69%	Higher
Asian	205	24,834	**0.83%**	0.72%	0.95%	0.72%	Similar

Of those registered with a GP in Bexley who have a recorded ethnicity (94.1% of people registered), the lowest proportion of individuals with an autism diagnosis are people from Asian ethnic backgrounds (0.83% of who have an autism diagnosis), followed by people from Other ethnic backgrounds (0.98% of who have an autism diagnosis) and people from Black ethnic backgrounds (1.30% of who have an autism diagnosis). The highest proportion of individuals with an autism diagnosis are people with Mixed ethnic background (2.51% of who have an autism diagnosis) followed by people from White ethnic backgrounds (2.02% of who have an autism diagnosis).

Compared to SEL as a whole, there are particularly pronounced differences in diagnosed autism prevalence by ethnic background. Bexley has higher diagnosed autism prevalence in those from White (2.02% vs 1.33%), Unknown (2.04% vs 1.45%), Mixed (2.51% vs 2.05%) and Other (0.98% vs 0.69%) ethnic backgrounds compared to SEL. However, it has comparatively lower diagnosed prevalence in people from Black ethnic backgrounds (1.30% vs 1.51%).

Prevalence by geography

As seen in the below figures, the prevalence of autism diagnosis varies significantly by area in Bexley. Looking at the all-age diagnosed prevalence as of November 2024, the area in Bexley with the highest all-age diagnosed prevalence of autism was Crayford at 3.76%. The lowest was Longlands at 0.72%. There is generally a higher prevalence in North Bexley, however there is significant variation across Bexley with pockets of higher and lower prevalence across the borough.
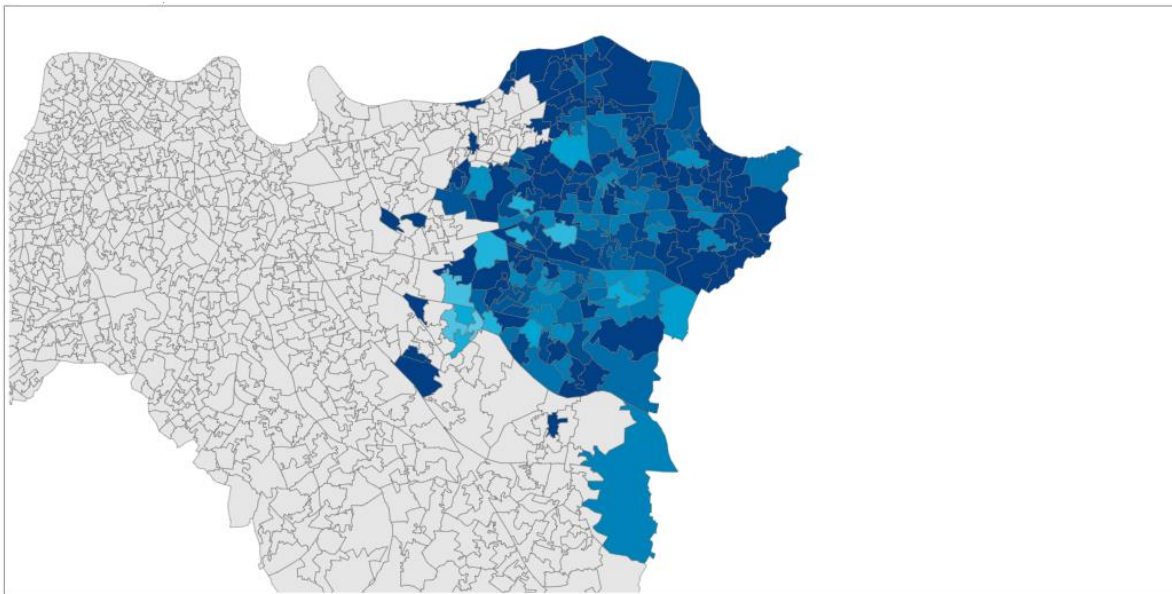
Figure 2. November 2024 all-age diagnosed autism prevalence by area for those registered to a GP in Bexley (darker blue indicates higher prevalence).

As seen in Figure 3 below, the ward with the highest 0-18 diagnosed autism prevalence in Bexley was Crook Log at 9.45%.
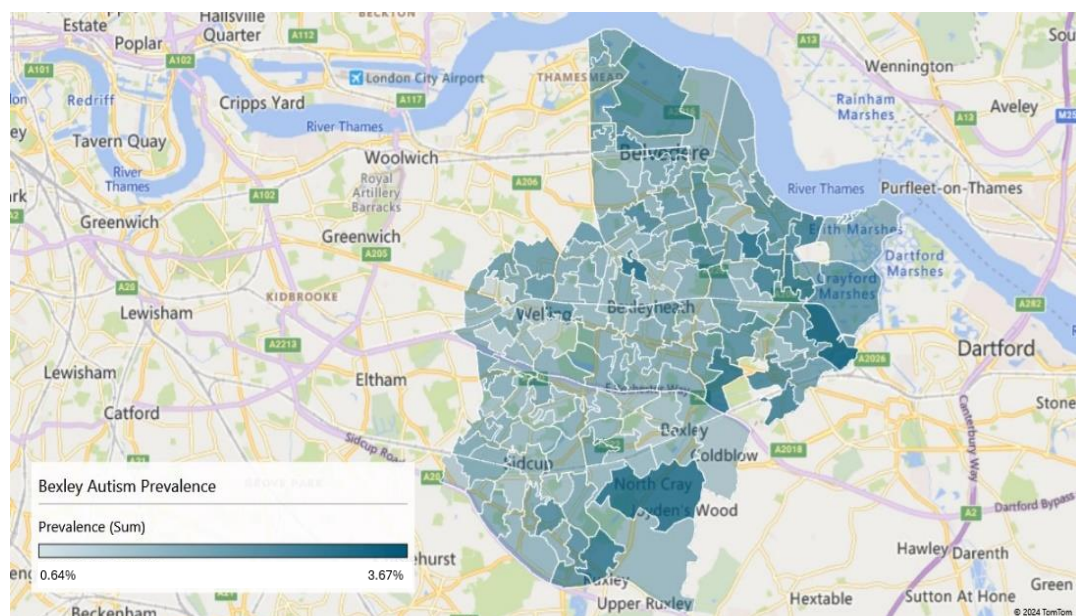
Figure 3. November 2024 0-18 diagnosed autism prevalence by area in Bexley

As seen in Figure 4 below, the ward with the highest 19+ diagnosed autism prevalence in Bexley was Crayford at 2.84%.
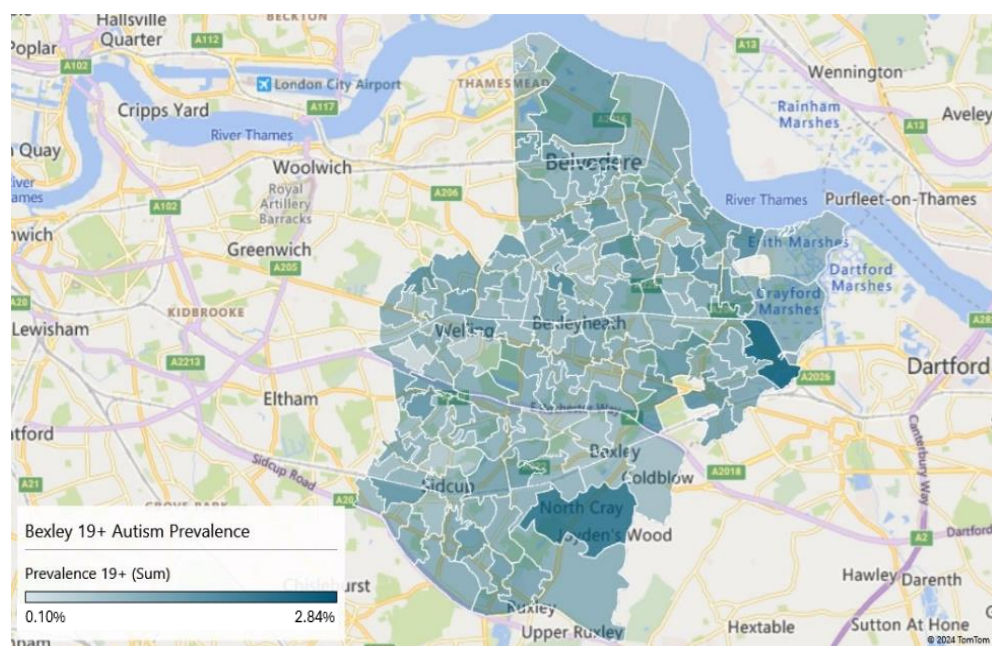
Figure 4.

November 2024

19+ diagnosed autism prevalence by area in Bexley

Co-diagnosis with a learning disability

41.4% of people registered to a Bexley GP with a learning disability are also diagnosed with autism. This is higher than across SEL, where the proportion of those with a learning disability who are also diagnosed with autism is 37.6%.

People registered to a Bexley GP with a diagnosis of autism are also more likely to also be diagnosed with a learning disability compared to the general population: 12.7% compared to 0.6%. This is a smaller difference than at SEL level, where 14.2% of people with autism also have a diagnosed learning disability, compared to 0.5% of the general population.

Importantly, learning disability prevalence amongst autistic people follows a different age distribution to those with a learning disability without autism. National evidence shows that learning disability prevalence peaks in young adults, before decreasing with age, partly due to the shorter life expectancy associated with connected conditions such as Down's syndrome. A similar picture is evident for Bexley registered patients, with learning

disability prevalence peaking at 1.18% in the 19-25 year old age group, before decreasing with age. However, in the registered population with an autism diagnosis, learning disability prevalence continues to increase with age, whilst the number of people with an autism diagnosis decreases in the higher age groups, possibly indicating that in older age groups autism is under-diagnosed in people who do not have a learning disability:

Table 3. Learning disability prevalence (%) in the GP registered population with an autism diagnosis, Bexley, November 2024 (Source: South East London ICS)

Age	Prevalence of autism	Proportion of whom have a co-diagnosis of a learning disability
0-5 yrs	0.9%	0.9%
06-12 yrs	4.7%	3.3%
13-18 yrs	5.1%	6.9%
19-25 yrs	2.9%	16.0%
26-50 yrs	0.6%	27.5%
51-70 yrs	0.2%	44.3%
71+ yrs	0.0%	61.5%

Estimating true prevalence

The 'true' prevalence of autism is the estimated number of autistic people in the population, whether or not they have a diagnosis. At a national level, this was estimated using the 2007 and 2014 Adult Psychiatric Morbidity Studies (APMS), which tested a representative sample of the national population. [35] However, it is important to note that sample sizes in the APMS were too small to provide robust estimates, which suggests a likely national all-age prevalence of between 0.5 and 1.3%.[3,32] The APMS also provides slightly lower than other estimates. In addition, the assessment tools likely underestimate prevalence in females.[36] This provides important caveats to our extension of the data to the local population.

Using the APMS, as shown in Table 3 (including the lower and upper estimated true number of diagnosed), applying these figures to the Bexley population (e.g. its age and sex structure), there are more diagnoses of autism in Bexley than the estimated true number of autistic people.

These figures vary by age and sex. Our calculations show higher than expected diagnoses for autism for 6-50 year olds in Bexley and lower than expected diagnoses for those aged 51 years and above in Bexley. Specifically, we find that there is a likely underdiagnosis in older age groups, with between 105 and 570 adults aged 51 to 70 in Bexley living with undiagnosed autism, and between 130 and 358 adults aged 71+ in Bexley living with undiagnosed autism. In addition, there are more diagnoses in males than expected based on our calculations.

Table 4. Number of people registered to a GP in Bexley with an autism diagnosis, compared to estimated true numbers from the Annual Psychiatric Morbidity Survey (APMS)[35] (source: SEL ICS)

	APMS estimated true prevalence in Bexley		Diagnosed ASD in Bexley	
	Lower-bound true estimate	Higher-bound true estimate	ASD diagnosis	ASD diagnoses compared to estimated true prevalence
ALL	1,287 (0.5%)	3,346 (1.3%)	4,624 (1.8%)	Higher
6 to 12	116 (0.5%)	300 (1.3%)	1,301 (5.63%)	Higher
13 to 18	99 (0.5%)	258 (1.33%)	1,298 (6.54%)	Higher

19 to 25	102 (0.5%)	265 (1.33%)	926 (4.55%)	Higher
26 to 50	455 (0.5%)	1,182 (1.3%)	794 (0.87%)	Similar
51 to 70	290 (0.5%)	755 (1.3%)	185 (0.32%)	Lower
71+	143 (0.5%)	371 (1.3%)	13 (0.05%)	Lower

Female	660 (0.5%)	1,716 (1.36%)	1,402 (1.06%)	Similar
Male	627 (0.5%)	1,629 (1.33%)	3,217 (2.57%)	Higher

These findings are consistent with the national picture, whereby it is suggested that the underlying rate of autism has likely not increased in at least the past 70-80 years but that reporting and application of diagnosis has improved particularly in younger age groups, with a particular diagnostic gap for older adults. This has led to estimates that, in England, between 150,000 and 500,000 20–49 year olds, and between 250,000 and 600,000 people over the age of 50 may be living with undiagnosed autism.[4],[37]

Assessment pathways and wait times

Data from Oxleas NHS Foundation Trust shows that the number of autism assessments and diagnoses has fluctuated in recent years. The number of people diagnosed by the service with autism decreased to 220 (out of 352 assessments) in 2023, compared to 599 in 2021 (out of 514 assessments), as shown in Table 4 and 5 with ADHD diagnoses for comparison. (N.B. Number of assessments to number diagnosed is lower for 2021, due to some of the assessments taking place in the previous year)

This data also shows there are high rates of co-diagnosis of autism and ADHD in Bexley (27% of autism diagnoses in 2023). However, this is in line with international trends, where it is suggested around 40% of autistic people may also have ADHD.[38]

Table 5. Diagnosis of ASD and co-occurrence with ADHD (Source: Oxleas NHS Foundation Trust)

	Year				
	2019	2020	2021	2022	2023
Diagnosis of ASD	330	209	599	339	220
Diagnosis of ADHD	191	139	246	283	151
Co-occurence	110	88	145	138	61

Table 6. Total number of ASD and ADHD assessments (Source: Oxleas NHS Foundation Trust)

	Year		
	2021	2022	2023
Number of ASD assessments attended	514	457	352
Number of ADHD assessments attended	247	264	262

As of 1st November 2024, there were 812 children and young people waiting for an autism assessment at Oxleas NHS Foundation Trust. The change in average wait time for an ASD assessment over time from March 2021 for Oxleas NHS Foundation Trust is shown in Figure 5. This highlights that the lowest average wait time in the past 3.5 years was in March 2022 at 10 weeks, with the highest in March 2024 at 45 weeks. As of November 2024, the average wait time is approximately 39 weeks. However, due to a significant

increase in referrals during 2024, the projected wait time for someone entering the system is approximately 102 weeks. Although there are general increases in wait times, it should be noted that this is subject to significant variation over time.[39]
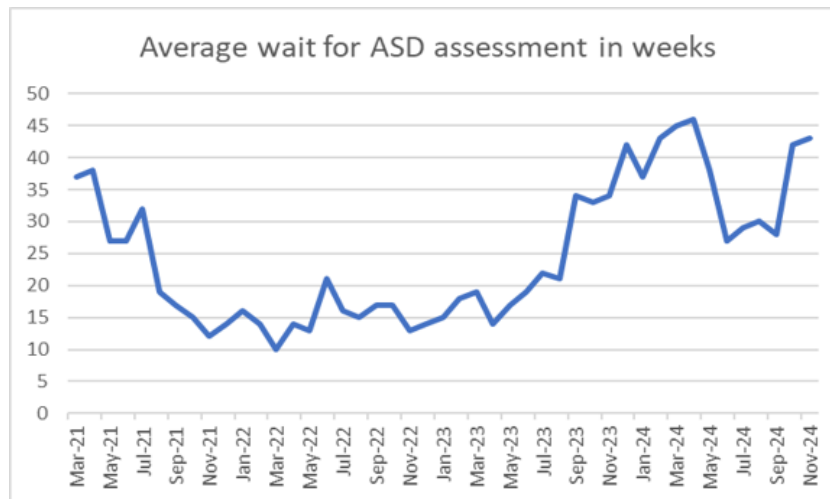
Figure 5. Average wait for autism assessments since March 2021 (Source: Oxleas NHS Foundation Trust)

These increases in waiting times are in line with national trends. According to the Nuffield Trust, in 2023 there were 172,022 patients in England with an open referral for suspected autism, which is the highest number ever reported. This is a five-fold increase since 2019. Further, the median wait time for an autism assessment in England reached 306 days in August 2023 compared to 179 days in August 2021 and 111 days in August 2019. This increase is likely partly a result of rising awareness of neurodivergent conditions leading to increased referral demand, with assessment provision unable to match the increased demand.

Data is not currently available regarding wait times for adult services.

Health and care outcomes

It is known that autistic people have worse health and care outcomes compared to the general population. Autistic adults without a learning disability are known to have higher rates of a range of physical and mental health conditions.[40,41] Strikingly, a recent study found that autistic men without a learning disability living in the UK had an average estimated life expectancy of 74.6 years, and autistic women around 76.8 years. These figures compare to the life expectancy of around 80 years for men and 83 years for women living in the UK. [42]

Key insights into health outcomes for autistic people in Bexley are provided below.

Emergency departments (ED) attendances

ED attendances provide insights into healthcare needs that may not be being met by routine or preventive services. At SEL level, autistic people are attending ED at a rate about 64.9% higher than expected when compared to the general population in SEL (standardised attendance ratio 164.9 with 95% CI 162.5-167.3). In Bexley, autistic people attend ED at a rate about 54.6% higher than expected compared to the general population in Bexley (standardised attendance ratio of 154.6 with 95% CI 149.5-159.8). Specifically, Bexley has higher attendance ratios in younger age groups, particularly for males aged 6-18 years old.

GP attendances

People registered to a Bexley GP with a diagnosis of autism are more likely to utilise GP appointments. After adjusting for both age and sex, people with a diagnosis of autism are 46.3% more likely to attend to the GP (ISR 146.3, 95%CI 142.1-150.5), however this hides a large disparity between sexes. Males are only 8.7% more likely to attend the GP (ISR 108.7, 95%CI 104.7-112.9) and in fact between the ages of 19 and 50 attend at a lower rate than the general population. Females, on the other hand, are almost three times more

likely (ISR 280.6, 95%CI 268.3-293.3). These findings are largely in line with SEL, with no significant difference between the age and sex standardised ISR, albeit with a slightly larger disparity between males and females in Bexley.

Obesity

Although the crude prevalence of obesity is lower in Bexley's GP registered population with a diagnosis of autism when compared to the general population (10.9% versus 12.2%), this is because GP diagnosed obesity is much more frequently recorded in older age groups, and less people in older age groups are diagnosed with autism. This is because obesity is often only recorded in primary care when it is a consideration for other conditions, such as hypertension, which are strongly associated with age.

After adjusting for age, people registered to a Bexley GP with a diagnosis of autism are almost twice as likely to also be recorded on their practice's obesity register as those without autism (ISR 198.6, 95%CI 178.4-220.4). This is, however, significantly less than at SEL level, where the ratio is 233.0 (95%CI 223.0-243.3).

Hypertension

As with obesity, because diagnosis of hypertension is positively associated with age, the crude prevalence of hypertension in Bexley's GP registered population with a diagnosis of autism is much lower than the general population, 2.3% compared to 16.3%. However after adjusting for age there is no significant difference between the populations, both in Bexley (ISR 99.1, 95%CI 81.2-119.9) and SEL (ISR 99.1, 95%CI 91.3-107.4).

Depression

The crude prevalence of depression is higher in Bexley's GP registered population with an autism diagnosis, at 17.9% compared to 13.1% in the general population, and after

adjusting for age, people with an autism diagnosis are more than twice as likely to have a diagnosis of depression (ISR 231.7, 95%CI 213.2-251.3), similar to SEL.

Self-harm

Across SEL as a whole, autistic people are 5.8 times more likely to present with self-harm than the non-autistic population. Between April 2024 and October 2024, across SEL there were 1304 ED attendances due to self-harm, of which 91 (7% of all attendances for self-harm) were people with autism. Although this cannot be standardised to the age and sex of those who attended, it remains significantly higher than the overall diagnosed and estimated underlying prevalence of autism in the population. This risk of attendance with self-harm in autistic people in SEL is also noted to be associated with being female and from more deprived areas.

Gender identity

Studies suggest that autistic people may be more likely to be transgender, where an individual identifies as a gender different from their sex assigned at birth.[53, 54] However, rates of co-occurrence are disputed.[55] Despite this, at national and international levels, evidence suggest a need for inclusive and accessible care for transgender and gender-diverse autistic people.[56, 53]

School census data

The most recent school census data (Spring Term 2024) shows that a substantial number of children in Bexley schools are supported due to autism-related Special Educational Needs (SEN). In total in November 2024, 1563 pupils in Bexley schools were autistic. Of these, a higher proportion are male (74%), compared to female (26%).

As shown in Figure 6, during 2023/24 in Bexley, of all pupils with an EHCP, 46.8% have a primary need of autism (higher than England average of 33%). Of all pupils with SEN support 12.8% have a primary need of autism (higher than England average of 9.2%). This also applies to Speech, Language and Communications needs (35.3% in Bexley, 25.6% in England).
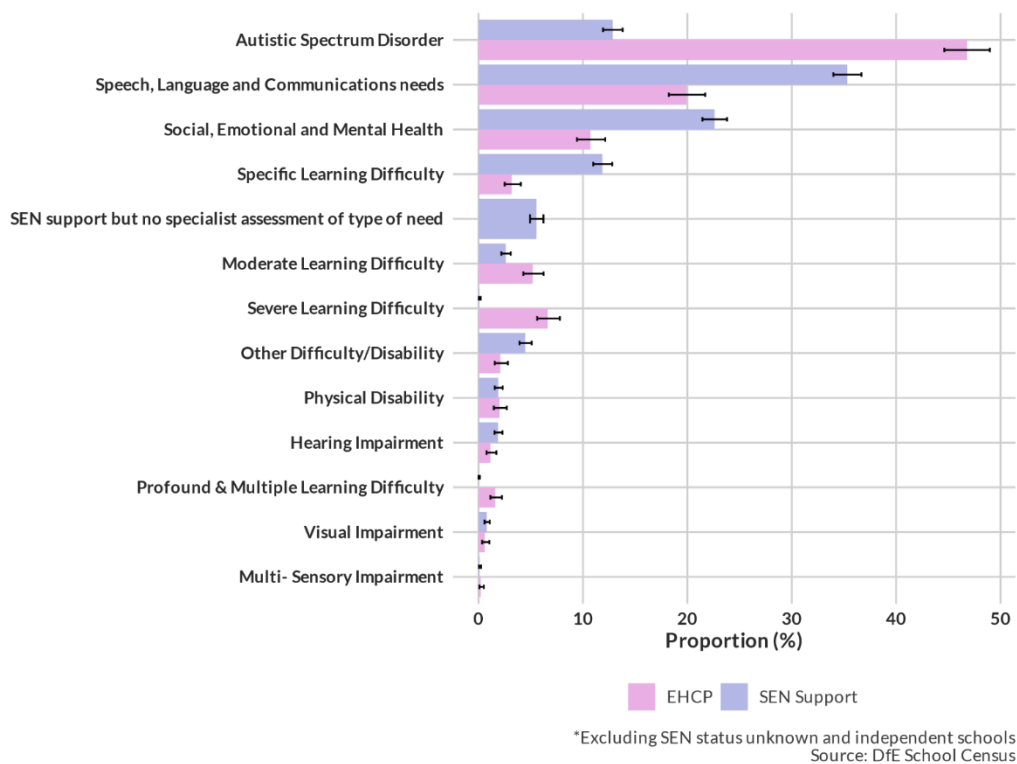
Figure 6. SEN and primary need as a proportion of total school headcount, Bexley 2023/24 (Source: DfE School Census)

Within this, the data also suggests an over-representation of pupils from White ethnic backgrounds compared to other ethnic backgrounds. Whilst White pupils made up 56% of the total school headcount in Bexley in 2023/24, they made up 65% of all autism-related SEN. This compares to the 17.5% of pupils from Black ethnic backgrounds making up 14% of autism-related SEN, the 10% of pupils with Mixed ethnic backgrounds making up 10% of autism-related SEN, the 13.6% of pupils from Asian ethnic backgrounds making up 9%

of autism-related SEN and the 1.6% of pupils from Other ethnic backgrounds making up 0.8% of autism-related SEN. These figures align with diagnosis rates, but may suggest ethnic inequalities in progression to SEN support, including for Mixed ethnic groups.

Preparing for adulthood

At the time of reporting, the PfA team in Bexley have a total of 156 young people known to have an autism diagnosis. At the time of reporting, 17.6% of children with disabilities referred to the PFA team have a known diagnosis of autism. Of the care leavers referred to the PFA team, 44.3% have a known diagnosis of autism. However, it must be noted that the information on autism diagnosis is dependent on the quality of referrals received and data completeness around this.

Other social and economic outcomes

Autistic people suffer from broader social and economic challenges. A 2019 study found that, nationally, autistic traits are likely over-represented among homeless people.[43] Despite the significant long-term benefits of employment for both autistic individuals and the wider community, the 2024 Buckland review of employment for those with disability found that autistic people face significant employment barriers, with only 30% of autistic adults in work, compared to 50% for all disabled people and 80% for non-disabled people. In addition, autistic graduates are twice as likely to be unemployed after 15 months as non-disabled graduates, with only 36% finding work in this period.[44]

2.2 Current activity, service provision and assets

General overview

Bexley's provision for autistic individuals spans education, health, social care, and voluntary and community services. For children and young people, information and

support regarding these services is accessible through the Bexley Local Offer,[1] provided via a large website and parent/carers can also telephone and email the service directly for any advice relating to autism. In addition, for children and young people, the annual Bexley SEND Marketplace brings together the range of support available to those with SEND.[45] The key services offered to both children and adults are outlined below, alongside the challenges faced in terms of assessment and peri-diagnostic support, education, care and safeguarding, mental health support, justice, housing, wider community and social inclusion as well as family and carer support. There is currently no centralised source of information for adults, although this is in the process of development as part of the strategic action plan.

Assessment, pre-diagnostic and post-diagnostic support

Children and Young People

Assessment pathways in Bexley for children and young people operate through two main routes, with a focus on early intervention. For pre-school children (under 5 years old), referrals typically come from speech and language therapists (SALT) or health visitors who identify early signs such as delayed language development. These referrals are directed to Oxleas NHS Foundation Trust community paediatrics where they will be reviewed (triaged) by the team and in most cases, they will be placed on the waiting list for an initial developmental review with the paediatrician. Alongside this, a multi-disciplinary team will review the case and consider whether they should be placed on the autism assessment waiting list, with other appropriate referrals are considered as well, for example to Early Years Specialist Support Services including Educational Psychologists (EPs). The diagnosis process itself is conducted using a range of information, and is currently completed either online via Healios or face-to-face (or a combination). Where there is an autism diagnosis or the child is on a waiting list for assessment, EPs can speak with families about whether they would like additional home and pre- school based

support from Bexley Early Autism Service (usually around 6 sessions of support). BEAS can provide support to families, carers and pre-schools before diagnosis alongside Bexley's Autism Advisory Service (AAS).

For school-age children and young people (5-18 years), schools are the most usual initiation point for the referral process, with Special Educational Needs Co-ordinators (SENCOs) / Inclusion Managers first implementing and reviewing various approaches to ensure needs are met regardless of referral or diagnosis. Schools raise children to be discussed at their termly Early Intervention and Specialist Advice Service (EISAS) team meetings to consider support to be put in place and if/when it may be appropriate for a referral to be made for an Autism Assessment (with parental consent). As well as being able to support with referrals more generally, in certain circumstances, such as with home-educated children, GPs can make the referral themselves instead. Following referral, a multi-disciplinary team (led by a Community Paediatrician), reviews the case and decides whether to add the child's name to the waiting list for an Autism assessment through the Autism Assessment Service. It is also considered whether an ADHD assessment may also be necessary based on the referral information which has been provided.

The initial process to autism assessment for Oxleas NHS FT is outlined in Figure 7, with process for assessment by Healios outlined in Figure 8.

Oxleas NHS

Autism Assessment Service Bexley - Initial process to assessment

Referral is made by School, GP, Speech and Language Therapist, (SLT) and reviewed → Child is seen for an initial assessment with Paediatrician at Acorns → Child is moved to Autism Assessment Service (AAS) wait list as appropriate, observational questionnaires will be sent → Multi-professional team triage process considering all information → Added to waiting list for appropriate type of assessment → Assessment by Healios or Oxleas Team (Acorns), as appropriate

NB: school-aged children are referred from school (GP for home educated), preschool children referred by SLT.

If initial assessment identifies different needs (other than, or in addition to possible autism) appropriate a referral will be made, and/or care plan agreed with parent/carer as appropriate.

Information gathered from questionnaires sent to parents/carers and school is used a part of the assessment process.

Criteria for Healios assessment:
- Virtual assessment is feasible and appropriate.
- Access to technology (computer, laptop, large tablet)
- Aged 7-18 years old.
- No significant developmental delay.
- No safeguarding concerns.
- No severe mental health issues.
- Can converse fluently in English.
- Not if ADHD assessment is also required.
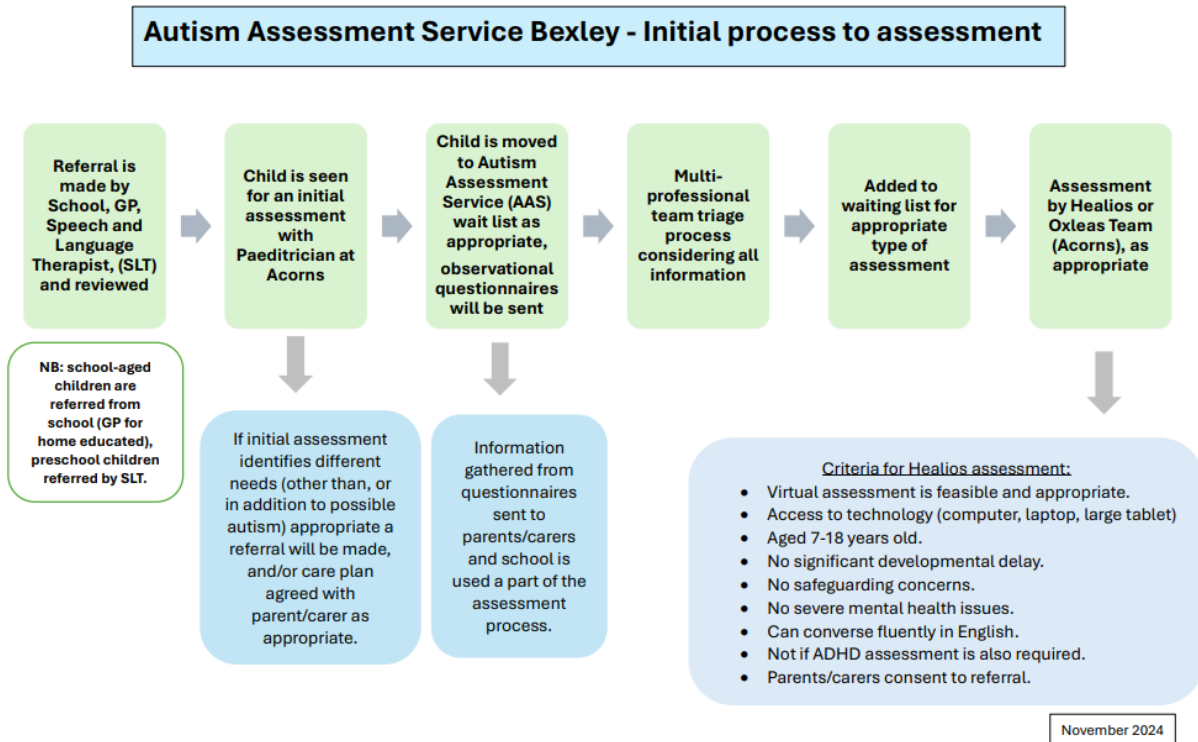- Parents/carers consent to referral.

November 2024

Figure 7. Initial process to autism assessment for CYPs (Source: Oxleas NHS FT)

Healios Autism assessment pathway overview

Oxleas clinical team identifies child as suitable for assessment with Healios → Letter is sent to parent/carer informing them their child is eligible to be assessed by Healios → Parent/carer activates Healios online portal → Assessment: 1.Initial Autism Assessment 2.Observation 3.ADI-R (Autism Diagnostic Interview) → Healios Multi Disciplinary Team (MDT) meeting to consider all information and assessments → Assessment complete - Outcome and report shared including feedback session with parent/carer

Parent has 14 days to notify service that they do not wish to have their child assessed by Healios, they will then return to Oxleas waiting list (same position on the list). *However, the Healios pathway may enable the child to be seen more quickly.*

Information regarding Healios and their process can be found at:

healios.org.uk
healios.org.uk/how-do-online-autism-assessments-work
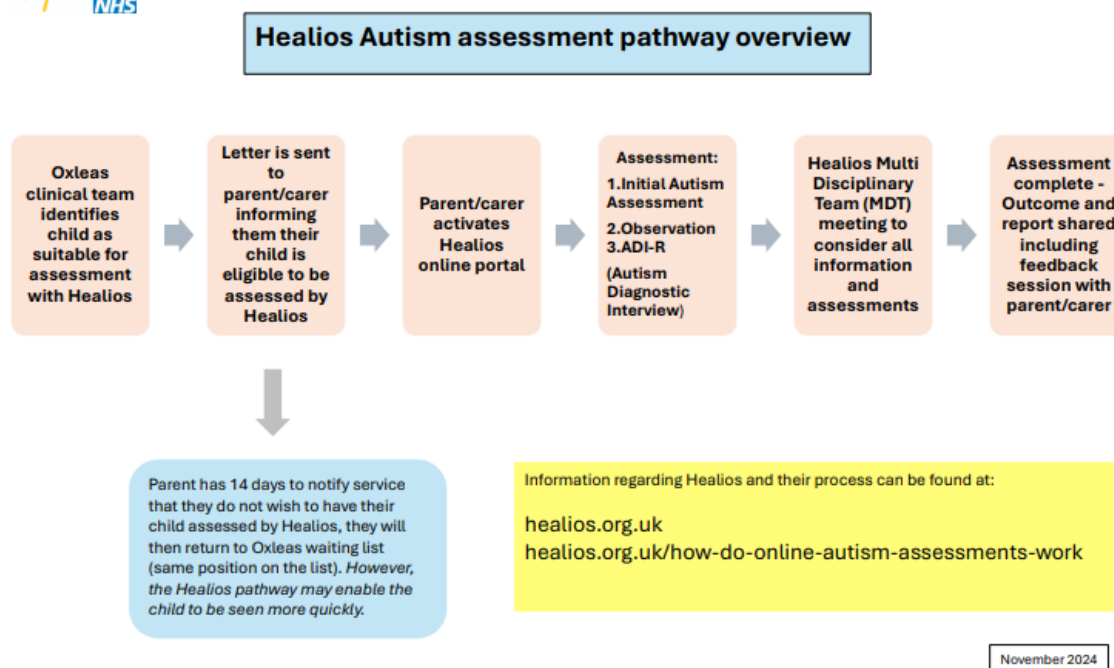
November 2024

Figure 8. Healios autism assessment pathway (Source: Oxleas NHS FT)

Support is offered during the diagnostic process, and post-diagnosis families can access both Bexley EISAS and the AAS within a multi-disciplinary team who support children with SEN or Additional Educational Needs (AEN), for ongoing guidance. Parents can also participate in structured programmes such as as 'Living with Autism', for those with primary-age children, or 'Teen Life' for parents of teenagers, developed by the NAS as well as Teen Life Bexley - Enhanced Offer, offered by Bexley Voice, for parent/carers who have completed the Teen Life course and would like to join the monthly support sessions afterwards. A post- diagnostic NHS workshop to support parent's understanding of Autism is also signposted to them at the conclusion of the autism assessment. In addition, Bexley Voice offers post-diagnosis ASD workshops for parent/carers in day and evening, online and face to face.

Adults

Since 2012, adult assessments (18+) have been conducted through the Oxleas NHS Foundation Trust Adult Autism Diagnostic Service, accessed via GP referral and initial screening by the Mental Health Hub. Due to significant increases in demand in recent years, the service has undergone recent restructuring which has supported reductions in historical waiting times for autism assessments. For those with learning disability, the Oxleas NHS Foundation Trust Community Health Adult Learning Disability Team can offer support. However, although information is provided at the diagnosis point, there is currently no centralised hub of post-diagnostic support for adults with autism in Bexley to co-ordinate information, advice and support, particularly for those without learning disability or significant mental health needs. In view of this gap, there is a current trial of a post-diagnostic case manager within the adult service

Education and transition to adulthood

Bexley supports autistic CYPs across mainstream and specialist educational settings. BEAS works with pre-school children, whilst school-based support, guided by the AAS and Bexley EISAS, assists children throughout their education from aged 3 to 18. Although this can involve support with an Education, Health and Care Plan (EHCP), it is not dependent on having an EHCP with the Quality First Teaching and SEN Support Toolkits ensuring appropriate interventions are implemented where needed.

The transition to adulthood process, supported by the Bexley PfA team, varies for those with and without an EHCP. For young people with EHCPs, the transition to adulthood follows a structured pathway from Year 9 onwards, encompassing preparation for further education, apprenticeships, employment, housing and community participation. Support ends from PfA if the individual's EHCP ceases. However, if individuals are receiving

services, for example direct payment / supported living etc, the case will be transferred to Complex Care for review. In addition, if there are ongoing issues that require PfA team input then the PfA team will stay involved until any such issues are resolved.

 Although the AAS currently has a fixed-term 16+ Transition Project supports autistic pupils in years 11-13 without an EHCP moving into further education, for those without EHCPs the process is less defined. In some cases, these transitions are supported by an ICB-funded specialist teacher, however there is a noted gap in support particularly for Year 9 pupils without an EHCP or other needs such as learning disability. Support and signposting for these pupils is often provided on an ad-hoc basis by VCOSs such as Bexley Voice.

In view of the gaps in PfA, as outlined in the recent SEND inspection, a renewed Bexley SEND and PfA strategy is in the process of implementation. In addition, SEL ICB have a Designated Clinical Officer (DCO) for support across the Bexley local area to ensure adherence to statutory responsibilities relating to health, for children and young people with SEN or disabilities 0-25 years.

Social care

Under the Autism Act, adults with an autism diagnosis are entitled to a needs assessment if extra support is needed with development of a care and support plan should extra support be required. In addition, under Section 17 of the Children Act 1989, children aged under 18 with a disability have a right to an assessment with the local authority having duty to provide any services necessary to meet their needs. A child may be entitled to an assessment of needs even if they have not be formally diagnosed as autistic, as the Act applies to all 'children in need', which includes:

5   he or she needs the support of local authority services to achieve or maintain a reasonable standard of development or health

6   he or she needs the support of local authority services to prevent the impairment of or further harm to their development or health

7   he or she is disabled.

Informal and unpaid carers who support an autistic person in need also often need support themselves. These people may be entitled to a carers assessment in liaison with the team offering support to the cared for person. Under the Care Act 2014, carers of adults have the same rights as those they care for including the right to an assessment, a care and support plan if they meet eligibility and a personal budget. For carers of autistic children, The Children and Families Act 2014 outlines rights to a needs assessment.

Safeguarding

The Care Act statutory guidance defines adult safeguarding as 'protecting an adult's right to live in safety, free from abuse and neglect'.[12] There is a particular emphasis in the full definition on partnership working, with a focus on the individual. The NSPCC defines child safeguarding as the action taken to promote the welfare of children and protect them from harm.[46]

In Bexley, safeguarding involves multi-agency partnerships that work both within and across adult and children's services with a focus on anyone with a support need who is at risk or possibly at risk in Bexley. This system involves Bexley's statutory Childrens' safeguarding partnership, (Bexley S.H.I.E.L.D) and, for adults, the Bexley Safeguarding Adults Board. These groups work closely together through forums such as Bexley's Multi-agency Learning Forum.

There is a priority in these partnerships on individualised approaches to safeguarding, guided by best practice such as the six principles of safeguarding. [47] In addition, given awareness that safeguarding is a particularly important issue for autistic people given common support needs, co-diagnoses and other factors often leading to higher risk, parts

of the Bexley safeguarding system have prioritised neurodiversity. For example. S.H.I.E.L.D's Learning Hub sits alongside a focussed sub-group in order to ensure upskilling staff around the role of neurodiversity in Childrens' safeguarding as well as ensuring more robust processes around data collection and monitoring. In addition, the adult safeguarding board, alongside various reviews leading to learning around safeguarding for aur as part of its statutory requirement under the Care Act 2014 to commission and learn from Safeguarding Adult Reviews, in December 2023 undertook a review of Adult Learning Disability Systems in Bexley. This identified several recommendations relevant to autistic people, including expanding autism awareness training across partners beyond social care, improve record keeping and improving information sharing across the Bexley system. The Board has also hired quality checker who monitor quality for the board including an annual report, with further links across the system including with the Learning Disability board. Despite this, there were multiple challenges noted to be facing this system particularly around carer leavers and the 14-25 transition with regards to post-18 continuity of care.

Employment

Broad employment support is provided by Bexley Youth Advice Service and Bexley Business and Employment alongside school Careers Advice Services, although specific support for autistic people has been noted within these services. For those without learning disability or mental health problems, specific employment support in Bexley to address the significant employment gap has been offered by local VCSOs. For example, Bexley Re-instate's Early Intervention Service takes referrals from JobCentrePlus and Bexley for Business to offer more specialised support to autistic clients. In addition, a more specialised joint project between Bexley Re-Instate and TwoFold, who primarily offer employment support for people with Learning Disability, was a 12 month 'Works4Me' pilot initiative demonstrated promise in addressing the employment gap for

autistic people with a survey (20 participants) showing that 85% of clients were very satisfied or satisfied with the support and 35% feeling it helped with obtaining a job.[48] However, this pilot did not receive funding for a longer-term initiative. More broadly, organisations such as Bexley Re-instate provide general assistance with life skills through schemes such as through their 'Living Well', 'Autism Wednesdays' and 'Basil's Café' schemes. This is in addition to Re-Instate's Employment Service offer within Bexley Mind's Recovery College, where a significant number of clients are autistic. Furthermore, JobCentre based Disability Employment Advisers (DEAs) also offer guidance including around national schemes, although there is no current dedicated, long-term pathway for neurodiverse or autistic people available through these routes. However, a recently announced white paper, 'Get Britain Working,'[21] is being monitored by local JobCentre DEAs for relevant reforms. There are also plans for more joint working between the Department for Work and Pensions (DWP) and local VCSOs on Individual Placement Support and neurodiversity.

Mental health support

Alongside support for mental health difficulties offered by local NHS services and broader offers such as Counselling Matters Bexley, autistic individuals with mental health needs can access the Mind Crisis Café and Recovery College who provide guidance and interventions aimed at maintaining wellbeing and preventing escalation to secondary mental health care. In addition, there is a neurodivergent lead within the Talking Therapies service to ensure neurodiversity and autism accessible services in line with NHS England guidance, and Bexley Mind offer an Autism Awareness workshop which is available to staff, service users and family members to ensure a more holistic and informed approaches to mental health support. This is alongside upcoming projects around the experience of residents with neurodiversity in accessing and engaging in

primary care mental health services. At a more strategic level, there is also representation of Bexley Mind in the Bexley Autism Partnership Board.

Justice system

Although no strategies currently exist within the national or regional justice system around autism or neurodiversity more generally, there is an emerging recognition of the importance of neurodiversity within the system. At a national level, there is a focus on data collection, and at a local level there is a focus on broad support, for example through use of communication passports, which help autistic people communicate their needs to professionals. Development remains at an early stage, and at a national level improved data collection and clearer approaches have been suggested by the Criminal Justice Joint Inspectorate to ensure the system better serves autistic individuals.[49]

Housing

At a national and local level, housing support generally forms part of broader social care and community inclusion initiatives, rather than being specifically tailored to autistic adults who may require assistance with independent living.

Wider community and social inclusion

In addition to the noted support around specific areas, Bexley's community services work to promote broader inclusion and enhance quality of life for autistic people. Alongside the wider VCSO network supporting Bexley's autistic population, projects such as Re-Instate's Smile initiative and community cafés offer welcoming environments, whilst Bexley SNAP and Bexley Mencap provide targeted support for those who have a learning disability. This includes the physical activity focussed Get Moving Club, aiming to promote social participation and reduce isolation. Despite this, more formal support for adults with

autism without learning disability remains limited, with particular gaps in support for those who are over 25.

Family and carer support

Beyond informal networks, family and carer support in Bexley operates through parent and carer forums such as Bexley Voice, which offers workshops, peer support sessions such as 'Tea and Talk', and Bexley FLARE, who offer support for parents and carers of young people in Bexley. The Bexley SEND Marketplace enables families to explore local resources. Structured programmes, such as the 'Living with Autism' course, offered by the AAS/BEAS via the National Autistic Society, and 'Teen Life' programmes also offer practical strategies for managing daily challenges. Specialist support also extends to specific groups, such as support for fathers offered by Jesse's Place, Dad's support network and GOTS (Girls On The Spectrum). There are also separate sessions for parents/carers only to meet in a confidential setting to exchange ideas and support each other and also feature invited speakers to talk about different topics. The Bexley branch of the National Autistic Society (BNAS) offer a variety of social activities for children on the autism spectrum and their families living within Bexley Borough. This includes a summer Zoo trip, ice skating, craft workshops and pantomine trip. Parent/carer members can attend the monthly coffee morning in Sidcup, meet the BNAS team and get support. Support is also offered by email and telephone. These local offers exist in addition to broader national-level support from organisations such as NAS and Contact.

2.3 What is on the horizon?

Local diagnosed prevalence projections

However, using the projected resident population age structure, and the current age-specific diagnosis rates for autism in Bexley, we can project the diagnosis rates and

numbers for Bexley. However, it must be noted that this has two key limitations. Firstly, this has assumed a consistent rate of diagnosis and any changes in the diagnosis rates of autism in Bexley in the coming years will affect these interpretations. This is particularly important given Bexley currently diagnoses above the SEL average and above the estimated true underlying prevalence, with increases in recent years. Furthermore, we do not expect age-specific diagnosed prevalence to remain stable long term, since younger people aging into the older age bands will carry their diagnosis with them into those age groups. For example, there are currently more people with a diagnosis in the 19 to 25 age band (926) than the whole 26 to 50 age band (794), meaning that in seven years' time when all 926 people have moved into the 26 to 50 age band (without adjustments for migration or mortality), age-specific prevalence may be reasonably expected to increase. This means there is particularly high uncertainty around the projections for the 26-50 age band, which will hesvily depend on a combination of changes in diagnosis, rates, migration and mortality.

As shown in Table 6, aware of the above limitations, if the age-specific diagnosed prevalence were to remain stable, because the high-prevalence age ranges are projected to reduce in population size we project the number of Bexley residents with an autism diagnosis to decrease from 1.79% to 1.69% of the population, or 4,519 people to 4,459 people, between 2025 and 2035.

Table 7. Projected number of residents (individuals registered to Bexley GP) diagnosed with autism if age-specific prevalence is stable, to 2030

Current ASD prevalence	Projected resident population			Projected number of residents diagnosed with autism		
	2025	2030	2035	2025	2030	2035

0 to 5	0.65%	17,425	16,962	17,128	113	110	111
6 to 12	5.63%	22,636	21,307	20,425	1,275	1,200	1,150
13 to 18	6.54%	20,279	20,098	19,007	1,327	1,315	1,244
19 to 25	4.55%	18,781	20,347	20,903	854	925	950
26 to 50	0.87%	85,994	88,803	90,595	751	775	791
51 to 70	0.32%	58,616	60,323	62,159	187	192	198
71+	0.05%	29,015	30,711	34,109	13	14	16
ALL	1.80%	252746	258551	264346	4,519 (1.79%)	4,531 (1.75%)	4,459 (1.69%)

Increase vs 2025 (%)	0.27%	-1.31%
Increase vs 2025 (number)	12	-59

Legislative, strategic and policy change

To accompany the National Autism Strategy, the Government has set out plans to provide renewed operational guidance to Local Authorities and relevant organisations.[9] At an NHS level, the 10-Year Health Plan is in development and may contain relevant guidance to NHS organisations around autism services.[50] This sits alongside recent calls from arms-length bodies for reforms to the SEND system, and is in addition to Government's Get Britian Working reforms which have previously identified a need to address the gap in employment outcomes for disabled people.[51][21] At a local level, there are various

initiatives emerging in areas such as post-diagnostic support for adults, safeguarding, employment, youth justice and mental health, much of this emerging from the APB autism strategy action plan, with actions arising from SEND improvement board also being monitored by APB.

2.4 Local views

In 2024, Bexley Mencap was commissioned to develop a renewed all-age autism strategy 2024-2028 for Bexley. In this, the feedback from over 200 local residents, including autistic people, family members, carers, and professionals, highlighted several significant challenges in current autism services, including:

- Less than half of respondents felt that people living or working in Bexley understand autism.
- Over half of autistic people and families reported insufficient information and support for participating in hobbies and activities, with a particular gap noted in a services tailored/accessible for autistic adults.
- Almost three-quarters of respondents indicating a need for better support following diagnosis.
- Over half of respondents felt there wasn't enough support around education, transitions to adulthood, or employment.

Notably, conversations with a wide range of stakeholders in developing this needs assessment, from autistic people themselves to the wide array of support surrounding autistic people in Bexley, resonated with the themes above. In particular, stakeholders identified a lack of support for autistic adults without a learning disability or with mental health difficulties, in particular post-diagnostic support, tailored mental health and employment support and a lack of support for young people without an EHCP as they

transition into adulthood. In addition, there were challenges identified with a lack of formalised support for parents and carers, although the wider Bexley system, including local autistic people, carers and VCSOs have worked to address these gaps. Despite the challenges, it was clear that the Bexley system's key asset is the engagement and enthusiasm of all its stakeholders, who demonstrate an absolute commitment to improving servicing and outcomes for autistic people in the local area over the long-term.

2.5 Evidence of what works

As outlined in the National Autism Strategy 2021-2026, despite growing research, there remain significant gaps in evidence regarding effective autism policy and practice. However, several key guidance documents developed from evidence reviews and wide consultation provide direction on best practice, such as the National Autism Strategy and accompanying operational guidance, NICE guidance and quality standards, and NHSE operational guidance on commisioning services.[10,17–20,23,52]

Much of this national guidance reiterates the importance of:

- A robust understanding of the local picture for autism, including key access gaps

- The importance of representative partnership working that centres the voice and priorities of local autistic people

- A focus on early intervention alongside early and wide support during, throughout and following key transition periods.[9]

The 2015 operational guidance for NHS and local authorities on the implementation of the previous adult-only autism strategy outlines guidance on:[10]

      1. Training of staff who provide services to adults with autism

2. Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services

3. Planning in relation to the provision of services for people with autism as they move from being children to adults

4. Local planning and leadership in relation to the provision of services for adults with autism

5. Preventative support and safeguarding in line with the Care Act 2014 from April 2015

6. Reasonable Adjustments and Equality

7. Supporting people with complex needs, whose behaviour may challenge or who may lack capacity

8. Employment for adults with autism

9. Working with the criminal justice system

Specifically, NICE's 2014 quality standards on autism suggest 8 Quality Statements for autism assessment and treatment pathways:[22]

1. People with possible autism who are referred to an autism team for a diagnostic assessment have the diagnostic assessment started within 3 months of their referral.

2. People having a diagnostic assessment for autism are also assessed for coexisting physical health conditions and mental health problems.

3. Autistic people have a personalised plan that is developed and implemented in a partnership between them and their family and carers (if appropriate) and the autism team.

4. Autistic people are offered a named key worker to coordinate the care and support detailed in their personalised plan.

5. Autistic people have a documented discussion with a member of the autism team about opportunities to take part in age-appropriate psychosocial interventions to help address the core features of autism.

6. Autistic people are not prescribed medication to address the core features of autism.

7. Autistic people who develop behaviour that challenges are assessed for possible triggers, including physical health conditions, mental health problems and environmental factors.

8. Autistic people with behaviour that challenges are not offered antipsychotic medication for the behaviour unless it is being considered because psychosocial or other interventions are insufficient or cannot be delivered because of the severity of the behaviour.

These quality statements are accompanied by quality measures for monitoring against this standard, and are in addition to updated guidance from 2017 on the recognition, referral and diagnosis for autism in under 19s, as well as the 10 principles outlined by NHS England for the commissioning of autism assessment services:[20]

1. Ethical

2. Evidence based

3. Respectful

4. Delivered by an appropriately skilled multidisciplinary workforce

5. A comprehensive, coherent offer

6. Accessible

7. Co-designed by clinicians and people who access the services

8. Based on shared and current conceptualisation of autism

9. Transparent

10. Described in, and informed by, national statistical data.

This is accompanied by specific guidance on best practice for the above commissioning process in terms of strategic planning, procuring services for adults and monitoring and evaluation of autism assessment services.

2.6 What does this tell us?

Unmet needs and service gaps

Local data suggests pronounced diagnostic variation across age groups, sex, ethnicity and deprivation, with likely diagnostic gaps for those from Black ethnic backgrounds as well as older age groups without a learning disability, alongside increasing pressure on ASD assessments in local diagnostic services. This variation is also reflected in the education system, with a disproportionate number of those being supported being White and male.

In regard to health service use, ED attendance data suggests potential healthcare needs unmet by preventive or routine services leading to higher rates of ED attendance for autistic people in Bexley, especially younger age groups and males. This sits alongside SEL-level data highlighting a likely over-representation of ED attendances for self-harm for autistic people, as well as data indicating inequalities in health outcomes.

On the ground, key gaps noted by stakeholders resonated with those identified in the qualitative work underlying the strategy, as well as key gaps identified in various statutory

reviews, notably around post-diagnostic support such as employment for certain groups e.g. those without an EHCP in the transition to adulthood, as well as adults without a learning disability or mental health difficulties.

Knowledge gaps

Recent improvements in SEL ICS data infrastructure have meant that high-quality primary care level data has been available for this needs assessment. However, in line with national data gaps, there remain gaps in robust local data, meaning that a deeper exploration of particular areas, such as housing and employment figures at a local level, has not been possible for this needs assessment.

In addition, gaps in data sharing between key partners means that cross-matching between primary care, NHS trusts, school and social care data has not been feasible, limiting our assessment of certain services, as well as with regards to comparisons with other boroughs, inpatient mental health data, adult assessment services, as well as categorising data by LCN. We also explored health and care outcomes such as obesity and depression but our scope limited further exploration, although national data suggests inequalities persist across various conditions.

Furthermore, the estimated true underlying prevalence is of limited confidence due to the limited sample size of the national APMS data, although this data is due to be updated in June 2025. These updated figures can be added as an appendix table at a later date.

Summary of key findings

- The overall diagnosed autism prevalence in Bexley is 1.8% (4,624 people), higher than the South East London (SEL) average of 1.32%. This is an increase of 1,215 from the earliest available comparison of diagnosed prevalence in Bexley, which was 3,409 (1.4%) in January 2022, when the prevalence across SEL was 1.0%.

- There are significant demographic variations in diagnoses of autism across Bexley:

- Age: The highest prevalence is in ages 6-25 (between 4.55% to 6.54%), with rates in these age groups slightly higher than the SEL average. Prevalence drops to just 0.05% in those aged 71+, which is a similar rate to SEL. However, Bexley has lower diagnosis rate in 0-5 year olds compared to SEL (0.65% vs 0.90%).

- Gender: Males (2.57%) have higher diagnosis rates than females (1.06%), in line with SEL and national trends.

- Ethnicity: The highest rates are in those with Mixed (2.51%) and from White (2.02%) ethnic backgrounds, and lowest in those from Asian (0.83%) ethnic backgrounds. Compared to SEL, Bexley has higher diagnosed autism prevalence in those from White (2.02% vs 1.33%), Unknown (2.04% vs 1.45%), with Mixed (2.51% vs 2.05%) and from Other (0.98% vs 0.69%) ethnic backgrounds. However, it has comparatively lower diagnosed prevalence in those from Black ethnic backgrounds (1.30% vs 1.51%).

- Deprivation: There is higher prevalence in the most deprived areas (3.07%) compared to least deprived areas (1.34%), in line with national trends.

- Higher diagnoses than estimated true prevalence

- There are 4,624 people diagnosed with autism registered to a Bexley GP, which is higher than the estimated true number of autistic people in Bexley (between 1287 and 3346) from the national APMS survey.

- Underdiagnosis in older age groups:

- Specifically, we find that there is a likely underdiagnosis in older age groups, with between 105 and 570 adults aged 51 to 70 and between 130 and 358 adults aged

71+ in Bexley estimated to be living with undiagnosed autism. Based on our analyses, this is likely to be particularly true for those without a learning disability.

- Inequalities in female diagnosis:

- Given that Bexley diagnoses autism at a similar rate to estimated true prevalence in females, this may suggest an underdiagnosis given limitations in assessment of females. This is also in the context of Bexley diagnosing males at a higher rate than underlying prevalence.

- Increasing waiting times for assessment:

- 812 children and young people in Bexley are waiting for autism assessment as of November 2024.

- The lowest average wait time in the past 3.5 years was in March 2022 at 10 weeks, with the highest in March 2024 at 45 weeks. As of November 2024, the average wait time is approximately 39 weeks.

- In England, 172,022 patients in England have an open referral for suspected autism, which is the highest number ever reported. This is a five-fold increase since 2019.

- High rates of dual autism and ADHD diagnosis:

- 27% of people diagnosed with autism by Oxleas children and young people service in 2023 were also diagnosed with ADHD.

-High rates of co-diagnosis with learning disability:

- 12.7% of people registered to a Bexley GP with autism have a learning disability, compared to 14.2% at SEL level.

- High levels of autism-related SEN, especially people from White ethnic backgrounds:

- 1,563 pupils in Bexley schools are autistic (74% male, 26% female), 12.8% of pupils with SEN support are autistic, higher than the England average (9.2%), and 46.7% of those with Bexley maintained EHCPs having a primary need of autism, higher than the England average (33%).
- Whilst White pupils make up less than half of the total school headcount in Bexley (55%), White pupils account for 65% of autism-related SEN.

- Increased ED attendance rate:

- Local data shows autistic people in Bexley attend ED at a rate 54.6% higher than the general population, particularly males aged 6-18 years old.

- Across SEL, autistic people are 5.8 times more likely to present to ED with self-harm.

-Inequalities in local health and care outcomes:

- Adjusted for age, people registered to a Bexley GP with a diagnosis of autism are almost twice as likely to be recorded on their practice's obesity register as those without autism, though this is less than the SEL figures.
- Adjusted for age, people registered to a Bexley GP with a diagnosis of autism are more than twice as likely to have a diagnosis of depression, similar to SEL figures.

-Inequalities in national health and care outcomes:

- Autistic men and women without a learning disability living in the UK have an average estimated life expectancy of 74.6 and 76.8 years compared to around 80 and 83 years for all men and women living in the UK.

- Stakeholder service gaps and challenges:

- Limited post-diagnostic support for adults without learning disabilities or mental health needs.

- Lack of centralised support hub for adults with autism.

- Insufficient transition support for young people without EHCPs.

- Limited tailored mental health and employment support

- Future projections:

- If current diagnosis patterns continue, the number of people with autism diagnoses in Bexley is projected to decrease slightly from 4,519 in 2025 to 4,459 in 2035. However, this projection has significant limitations that limit its usefulness.

3. RECOMMENDATIONS

Priority 1: Raising awareness – autistic people will feel understood, valued and part of our community

1.1 Utilise the findings of local evidence to ensure local services meet the needs of autistic people in Bexley

1.2 Continue to work to raise awareness of autism in ways beneficial for all ages, genders, ethnicities and areas of Bexley

1.3 Continue upskilling of professionals to identify and support autistic people across all ages, genders and ethnicities and areas of Bexley

1.4 Share findings of this report with local autistic people through relevant forums

Priority 2: Autistic people will have good access to support and services to thrive as individuals

2.1 Further understand and address potential diagnostic gaps in Bexley, especially for older age groups without learning disability, people from some ethnic minority backgrounds and females

2.2 Use an understanding of local gaps to plan for and address the increasing demand on autism assessment and support services, guided by national best practice

2.3 Ensure clear understandings for local people regarding diagnostic pathways for CYP and adults in Bexley

2.4 Consider a central post-diagnostic support hub offer for autistic adults

2.5 Build on Bexley's assets, working with VCSOs to further iterate the local support system for autistic people of all ages and across the spectrum, including for mental health

2.6 Continue to focus on early intervention, including on support prior to diagnosis

Priority 3: There are more opportunities for autistic people to be heard and to influence change in Bexley

3.1 Work to continue to better understand the differing experiences of autistic people from across Bexley, such as through the SEL ICS engagement activity

3.2 Continue to build effective engagement mechanisms which support autistic people in Bexley to contribute to local policies and practice

3.3 Continue to build partnerships to ensure the local data infrastructure is used to its potential to better understand the local population

Priority 4: Autistic people have better health and wellbeing

4.1 Ensure partnership working to generate clear, system-wide understandings of the health and wellbeing needs of local autistic people

4.2 Guided by local evidence, views and up-to-date best practice, ensure local services address health inequalities for autistic people in Bexley

4.3 Produce an update briefing using the updated APMS figures for estimated true prevalence in June 2025 to better understand potential diagnostic gaps in Bexley

Priority 5: Autistic people have better access to education and employment

5.1 Ensure appropriate autistic-related SEN support for all groups in Bexley

5.2 Strengthen transition programmes to support young people, for those both with and without ECHPs, through and into adulthood

5.3 In view of the wider long-term benefits to the autistic person and their communities, focus support on employment in partnership with key organisations

LIST OF ABBREVIATIONS

AAS – Advisory Service for Autism

ADHD – Attention Deficit Hyperactivity Disorder

AEN – Additional Educational Needs

APB – Autism Partnership Board

APMS – Adult Psychiatric Morbidity Survey

ASC – Autism Spectrum Condition

ASD – Autism Spectrum Disorder

BEAS – Bexley Early Autism Service

CQC – Care Quality Commission

CYP – Children and Young People

DCO – Designated Clinical Officer

DEA – Disability Employment Adviser

DfE – Department for Education

DSG – Dedicated Schools Grant

EIA – Equity Impact Assessment

EHCP – Education, Health, and Care Plan

EP – Educational Psychologist

ICS – Integrated Care System

IMD – Index of Multiple Deprivation

JSNA – Joint Strategic Needs Assessment

NAS – National Autistic Society

NICE – National Institute for Health and Care Excellence

OHID – Office for Health Improvement and Disparities

PfA – Preparing for Adulthood

SALT – Speech and Language Therapist

SEN – Special Educational Needs

SEND – Special Educational Needs and Disabilities

SEL – South East London

VCSO – Voluntary and Community Sector Organisation

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APPENDICES

Appendix A – Revision history and approvals

Revision history

Version	Revision Date	Status	Summary of Changes
0.1	19.08.24	Draft	First draft for discussion purposes - EC
0.2	22.10.24	Draft	Second draft for working group review - EC
1.0	23.12.24	Draft	Draft for working group review – EC
2.0	02.01.25	Draft	Draft for external ref group review - EC
3.0	13.01.25	Draft	Draft for PH SLT / APB – EC
4.0	17.01.25	Draft	Draft for ASCH DLT - EC
5.0	30.01.25	Draft	Draft for further governance - EC

Approvals

Name	Title	Role	Signature	Date
		Project Sponsor		

Appendix B - Code Clusters for GP records

SNOMED Code	Description	Included?	
		South East London ICS	NHS Digital
719600006	1P21.3 Microdeletion Syndrome (Disorder)	✓	X
442314000	Active but odd autism (disorder)	X	✓
191692007	Active disintegrative psychoses (disorder)	X	✓
191689008	Active infantile autism (disorder)	✓	✓

766824003	Activity dependent neuroprotector homeobox related multiple congenital anomalies, intellectual disability, autism spectrum disorder (disorder)	X	✓
154879004	Asperger Syndrome (Disorder)	✓	X
192586006	Asperger Syndrome (Disorder)	✓	X
23560001	Asperger's disorder (disorder)	✓	✓
231536004	Atypical autism (disorder)	✓	✓
192582008	Atypical Autism (Disorder)	✓	X
389987009	Atypical Autism (Disorder)	✓	X
722287002	Autism and facial port-wine stain syndrome (disorder)	✓	✓
771448004	Autism epilepsy syndrome due to branched chain ketoacid dehydrogenase kinase deficiency (disorder)	X	✓
771512003	Autism spectrum disorder due to AUTS2 activator of transcription and developmental regulator deficiency (disorder)	X	✓
733623005	Autism spectrum disorder, epilepsy, arthrogryposis syndrome (disorder)	✓	✓
408856003	Autistic disorder (disorder)	✓	✓
38763009	Autistic Disorder (Disorder)	✓	X
43614003	Autistic disorder of childhood onset (disorder)	✓	✓
192580000	Autistic Spectrum Disorder (Disorder)	✓	X
229710003	Autistic Spectrum Disorder (Disorder)	✓	X
367103007	Autistic Spectrum Disorder (Disorder)	✓	X
373618009	Autistic spectrum disorder with isolated skills (disorder)	✓	✓
154878007	Childhood Autism (Disorder)	✓	X
191688000	Childhood Autism (Disorder)	✓	X

192581001	Childhood Autism (Disorder)	✓	X
271450003	Childhood Autism (Disorder)	✓	X
71961003	Childhood disintegrative disorder (disorder)	✓	✓
770790004	Developmental delay with autism spectrum disorder and gait instability (disorder)	X	✓
702732007	High-functioning autism (disorder)	✓	✓
408857007	Infantile autism (disorder)	✓	✓
191691000	Infantile Autism NOS (Disorder)	✓	X
621221000000105	Infantile Autism NOS (Disorder)	✓	X
723332005	Isodicentric chromosome 15 syndrome (disorder)	X	✓
1050961000000100	Pathological Demand Avoidance	✓	X
712884004	Pathological Demand Avoidance (Disorder)	✓	X
1046451000000100	Pathological Demand Avoidance (Disorder)	✓	X
35919005	Pervasive developmental disorder (disorder)	✓	✓
39951000119105	Pervasive developmental disorder of residual state (disorder)	✓	✓
870307006	Pervasive developmental disorder with abscence of functional language (disorder)	X	✓
870308001	Pervasive developmental disorder with cognitive developmental delay and complete impairment of functional language (disorder)	X	✓
870305003	Pervasive developmental disorder with cognitive developmental delay and marked impairment of functional language (disorder)	X	✓
870306002	Pervasive developmental disorder with complete impairment of functional language (disorder)	X	✓
870303005	Pervasive developmental disorder with complete impairment of functional language	X	✓

	with loss of previously acquired skills (disorder)		
870304004	Pervasive developmental disorder with complete impairment of functional language without loss of previously acquired skills (disorder)	X	✓
870269009	Pervasive developmental disorder with disorder of intellectual development and absence of functional language with loss of previously acquired skills (disorder)	X	✓
870270005	Pervasive developmental disorder with disorder of intellectual development and complete impairment of functional language with loss of previously acquired skills (disorder)	X	✓
870268001	Pervasive developmental disorder with disorder of intellectual development and complete impairment of functional language without loss of previously acquired skills (disorder)	X	✓
870266002	Pervasive developmental disorder with disorder of intellectual development and marked impairment of functional language with loss of previously acquired skills (disorder)	X	✓
870267006	Pervasive developmental disorder with disorder of intellectual development and marked impairment of functional language without loss of previously acquired skills (disorder)	X	✓
870264004	Pervasive developmental disorder with disorder of intellectual development and pervasive impairment of functional language without loss of previously acquired skills (disorder)	X	✓
870265003	Pervasive developmental disorder with disorder of intellectual development with loss of previously acquired skills (disorder)	X	✓
870262000	Pervasive developmental disorder with disorder of intellectual development	X	✓

	without loss of previously acquired skills (disorder)		
870263005	Pervasive developmental disorder with impairment of functional language (disorder)	X	✓
870260008	Pervasive developmental disorder with marked impairment of functional language with loss of previously acquired skills (disorder)	X	✓
870261007	Pervasive developmental disorder with marked impairment of functional language without loss of previously acquired skills (disorder)	X	✓
870280009	Pervasive developmental disorder with severe impairment of functional language with loss of previously acquired skills (disorder)	X	✓
870282001	Pervasive developmental disorder with severe impairment of functional language without loss of previously acquired skills (disorder)	X	✓
708037001	Residual Asperger's disorder (disorder)	✓	✓
191693002	Residual disintegrative psychoses (disorder)	X	✓
191690004	Residual infantile autism (disorder)	✓	✓
432091002	Savant syndrome (disorder)	✓	✓