Neurodiversity Partnership Delivery Plan (2025–2027) - Summary

1 Why this plan exists

Who’s behind it?

The Neurodiversity Partnership Delivery Plan has been created by the **NHS Frimley Integrated Care Board (ICB)**. The ICB brings together the NHS, local councils, and community partners to plan and deliver health and care services across East Berkshire.

The plan has also been shaped with input from schools, charities, and most importantly families and community groups.

It is an **all-age plan**, covering children, young people, and adults. It represents a clear commitment for organisations to work together with communities so that support is fairer, easier to find, and more joined up.

Why this plan is needed

Across East Berkshire, neurodivergent people of all ages and their families have said that support is too slow, too complicated, and too unequal. At present, many people wait a long time for autism or ADHD assessments and feel stuck in the meantime. Diagnosis is often seen as the main way to unlock help, even though needs exist long before.

Services are often fragmented, with families being passed from one place to another and asked to repeat their story repeatedly. In schools, many children are missing lessons, being suspended, or struggling with emotionally based school avoidance because their needs are not being met. Adults face barriers in education, employment, health, and daily life, with too few services available that understand and support them. Transitions are particularly difficult, whether that is moving between schools or moving from children to adult services.

This plan exists to make sure support works better for everyone, at every stage of life.

The big three shifts

The plan is based on three big shifts that families and communities have asked for.

From “diagnosis first” to “needs first”
Families should not have to wait years for a diagnosis before any support begins. Support should be given earlier and based on what someone needs in daily life, while still recognising that diagnosis is very important for many.

From “fragmented” to “joined up”
Families have described services as a maze, with too many gaps and delays. The plan will build clearer pathways, so support feels consistent and easier to navigate.

From “unheard voices” to “families and communities at the centre”
Too often, feedback does not reach decision-makers. This plan makes a commitment to listen to families, young people, adults, and community organisations, and to make sure their experiences shape the services they use.

2 How the plan will make change

What “needs-led” means

Many families feel stuck while waiting for a diagnosis, and some believe that diagnosis is the only way to unlock help. For many, diagnosis is a very important step as it brings validation, understanding, and access to certain services.

But support does not always have to wait until then. Some help is already available through schools, workplaces, community groups, and local services. The problem is that this support is not always consistent or easy to find.

Being “needs-led” means making sure support is based on what a person actually needs in their daily life, not only whether they have a medical label. It means giving people and families clear information, so they know where to turn while waiting. And it means that diagnosis will continue to be valued, but it will no longer be the only gateway to help.

The workstreams

Spotting needs earlier

Children can currently wait years for an assessment, and families often do not know what support is available in the meantime. The plan will create a more consistent way of recognising needs early across Berkshire. This will involve using strengths and needstools to notice when support might be needed, without waiting for diagnosis, and looking at the whole person, including their strengths as well as their challenges. Families, schools, and professionals will be involved in testing and adapting the approach locally, and staff will be trained so they feel confident using it. The new approach will then be rolled out across Berkshire, with regular feedback and improvements built in.

Creating a clearer model of care

At present, families and adults face gaps, overlaps, and confusion when trying to find help. The plan will map all existing services to see what is working and what is not, and then build a clearer, joined-up pathway for autism and ADHD. New community services such as sleep support and practical family help will be added, and the model will be designed together with families, adults, schools, and community groups so that it reflects real needs.

Better support for adults

This is an all-age plan, and adults will not be left behind. Work will focus on improving services for neurodivergent adults, not just children, and making transitions from children to adult services smoother and less stressful. It will also look at how to create fairer access to support across adult life, including education, employment, and health.

More inclusive schools (PINS)

The Partnership for Inclusion of Neurodiversity in Schools (PINS) is already working with primary schools to make classrooms more inclusive. This plan will expand that work by giving school staff training, resources, and confidence to meet the needs of neurodivergent pupils. Schools will also be encouraged to build stronger partnerships with parents, so families feel listened to. The learning from this work will be shared widely so that approaches benefit all children, not only those with a diagnosis.

Right to Choose

Families have a legal right to choose an NHS-approved provider for autism and ADHD assessments, but experiences vary widely. This part of the plan will set clear quality standards so families can trust the providers they use. It will also make sure families get good information about their choices and what support is available afterwards; while increasing the number of approved providers so families have more options.

3 What it feels like now – and what it should feel like in the future

Right now, families often wait months or years for a diagnosis before much support begins. In the future, support will start earlier based on needs, with diagnosis still valued but not the only route.

At present, families are passed from one service to another, often repeating their story many times. In the future, services will be joined up with clearer pathways, so people know where to turn and do not fall through the gaps.

In schools today, some children miss lessons, are excluded, or avoid school because their needs are not met. In the future, teachers will have training, resources, and confidence to make classrooms more inclusive, so children feel they belong.

Adults currently face barriers in education, work, health, and daily life, and too few services exist to support them. In the future, adults will be supported too, with smoother transitions from children's services and fairer access at all stages of life.

Finally, families and community organisations often give feedback that never reaches decision-makers. In the future, families, young people, adults, and organisations will be at the centre, shaping services through ongoing conversations.

In short, this is an **all-age plan** led by the **NHS Frimley Integrated Care Board**, built on a promise that organisations will work together with communities so that neurodivergent people can thrive and families feel supported, listened to, and understood.