

Learning Disabilities and Autism Needs Assessment

Solihull Metropolitan Borough Council, August 2026

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Acknowledgements

With thanks to the research team at Birmingham City Council who produced the Learning Disabilities in Birmingham JSNA Deep Dive Report (2024), the members of the Autism Partnership Board, and the members of the Learning Disability Partnership Board.

1 Executive summary

People with learning disabilities and autistic people are an important part of our community, and ensuring they can lead healthy, independent and fulfilling lives is central to Solihull's vision for an inclusive borough. Many residents require support at different points in their lives, and the nature of this support often spans health, education, social care, housing and the wider community. Because of this, meeting people's needs requires strong partnerships, coordinated planning, and a shared commitment across the whole system.

This needs assessment provides a comprehensive picture of the health, wellbeing, and service needs of people with learning disabilities and autistic people living in Solihull. It draws on national data, local social care and education datasets, population projections, and stakeholder insight. The aim is to support strategic planning across the Council, NHS partners, and the Birmingham and Solihull Integrated Care System (ICS), ensuring that people receive equitable and effective support across the life course.

System-wide actions arising from this needs assessment will be captured in an action plan and its oversight will be through the Birmingham and Solihull Learning Disability and Autism Transformation Group. Solihull Council-level actions will be progressed through existing council and partner programmes, with directorate-specific actions owned within individual directorates through their established governance arrangements.

1.1 Key headlines

Population and Demand

- 1,591 Solihull residents were on the GP learning disability register in 2023-24.
- Projections show continued growth in adults with learning disabilities and autistic adults, especially among ages 35-54 and older adults.
- Demand for Adult Social Care support in Solihull for people with learning disabilities and autistic people has grown by 36% in five years - driven by changing expectations, increased independence, and later life referrals.

Health Inequalities

- Life expectancy for Solihull residents with learning disabilities (mean age 59) is significantly lower than the general population (82.2 years).
- National LeDeR data shows high levels of avoidable deaths, mainly linked to cardiovascular, respiratory, and cancer related conditions.
- Engagement in physical activity remains low nationally for people in this group.

Children and Young People

- Autism is identified more frequently in Solihull schools (39.2 per 1,000) compared with the national average (27.5 per 1,000).
- Educational outcomes for children with SEND in Solihull remain significantly below those of their non-SEND peers. However, they perform better in Solihull than the national average.
- The proportion of Children in Need in Solihull who are autistic has increased from 31.6% to 46.2% over ten years.

Adults and Later Life

- Most adults with learning disabilities and autistic adults receiving social care support in Solihull live in settled accommodation. However, around one in five still live in care homes, particularly those with higher or complex needs.
- Employment outcomes in Solihull have improved, with supported employment programmes placing more people with learning disabilities in paid work and achieving high retention.
- Increasing numbers of adults with learning disabilities and autistic adults in Solihull present to Adult Social Care later in life, often due to changing family circumstances or unmet needs.

Services

- Solihull has a range of education, health, community, and voluntary sector services that support people with learning disabilities and autistic people across the life course.

- Key challenges include long assessment waits, variation in access to inclusive physical activity, and limited specialist housing capacity.
- Family carers play a significant role, and many require more support, information, or respite options.

Recommendations

- Develop long term plans across services to manage the rising demand and ensure consistent support for both early and later-life transitions.
- Work with health partners to implement Oliver McGowan training and embed learning from LeDeR to reduce the life expectancy gap.
- Children in Need - Improve understanding of autism needs that are increasingly being recognised, and align future planning with SEND and Neurodevelopmental Pathway reforms.
- Adults and later life - Expand settled housing options and sustain progress in supported employment opportunities.
- Data and intelligence - Where feasible, standardise data collection and improve local datasets to enhance understanding of needs and service impact across social care, health, and employment support.

2 Introduction

2.1 Purpose and scope

This needs assessment provides a detailed analysis of the trends and likely future support needs for people with learning disabilities and autistic people living in Solihull. Nationally there are known differences in health outcomes for this cohort, and understanding the local picture will enable further improvements by informing the joint Birmingham and Solihull Learning Disability and Autism Transformation Group. The Transformation Group brings together system partners to drive service transformation for people with learning disabilities and autistic people. The group oversees improvement workstreams and reports directly to the Learning Disabilities and Autism Executive Steering Group. The Birmingham and Solihull Integrated Care System Strategic Visions - Learning Difficulties and Disabilities¹ and Autism² need to be baselined to identify actions needed in Solihull, assess their impact, and improvements. This report will complement the Birmingham's learning disabilities deep dive³ which is already providing a basis for the Group's decision making and actions.

The objectives of this needs assessment were to:

- use a broad range of data to comprehensively and comparatively assess the needs of citizens living with learning disabilities and autism in Solihull
- review service provision in Solihull (e.g., health, social care, community and accommodation) to identify gaps and areas of unmet need
- make recommendations to address the needs of Solihull.

Language and terminology

In this needs assessment, we use language that reflects current practice and stakeholder feedback. We use identity-first language such as 'autistic people', reflecting preferences expressed by many autistic individuals and autistic-led

¹ Birmingham and Solihull Integrated Care System [Strategic Vision - Learning Difficulties and Disabilities 2023-28](#) Accessed March 2025

² Birmingham and Solihull Integrated Care System [Strategic Vision - Autism 2023-28](#) Accessed March 2025

³ Birmingham City Council [Learning disabilities in Birmingham JSNA deep dive 2024 | Birmingham City Council](#) Accessed November 2024

organisations. We use person-first language such as ‘people with learning disabilities’, which remains the most commonly used and preferred terminology in learning disability policy and practice. We recognise that individual preferences vary, and our intention is to use respectful, inclusive, and consistent language throughout the report.

2.2 Diagnostic criteria and prevalence

2.2.1 Learning disabilities

A learning disability affects the way a person learns new things throughout their life. It is defined as a significant difficulty understanding new or complex information (‘impaired intelligence’) with a reduced ability to cope independently (‘impaired social functioning’). The impact varies from person to person and may cause difficulties with learning certain skills and managing daily tasks⁴. It is usually first identified in childhood and has a lasting effect on development⁵.

Learning disabilities occur when the brain does not develop as expected, either before, during, or shortly after birth. Several factors can contribute to this such as pregnancy complications, premature or difficult birth, serious illnesses, or head injuries.⁶

Genetic factors contributing to learning disabilities include Down syndrome, which results from an extra chromosome⁷, and Fragile X syndrome, the most common inherited cause of learning disabilities⁸.

This is different to a learning difficulty which is a type of special educational need and disability (SEND). A learning difficulty refers to challenges in specific areas of learning such as reading, writing, spelling, or maths, and includes conditions like dyslexia, dyspraxia, dyscalculia, attention deficit hyperactivity disorder and dysgraphia⁹.

⁴ NHS [Learning disabilities - NHS \(www.nhs.uk\)](https://www.nhs.uk) Accessed March 2025

⁵ Department of Health. [Valuing People - A New Strategy for Learning Disability for the 21st Century - GOV.UK](#). Accessed March 2025.

⁶ Mencap [What is a learning disability? | Mencap](#) Accessed March 2025

⁷ Mencap [Down Syndrome: Causes and Symptoms | Mencap](#) Accessed March 2025

⁸ Mencap [Fragile X Syndrome: Symptoms, Causes and Support | Mencap](#) Accessed March 2025

⁹ NHS Data Model and Dictionary. [Learning Difficulty](#) Accessed March 2025

For this needs assessment, only learning disabilities, not learning difficulties, will be considered. A specific needs assessment on children and young people with special educational needs and disabilities has been carried out in June 2023¹⁰.

It is estimated that 1.3 million in people in England have a learning disability. This figure can be broken down into 297,000 children and 977,000 adults aged 18 or over¹¹.

2.2.2 Autism

Autism is defined by the National Autistic Society as a lifelong developmental disability that affects how people perceive, communicate and interact with others. Autism is a spectrum condition and affects people in different ways, but for diagnosis they must share differences from non-autistic people in how they think, feel and communicate¹². However, it is important to recognise that not all autistic people see themselves as disabled.

It is also helpful to understand autism within the wider concept of neurodiversity. Neurodiversity describes natural differences in how people think, communicate and experience the world, and recognises autism as one of these variations. Neuro-affirmative practice builds on this by focusing on strengths, promoting autonomy, and making sure support is adapted to the individual rather than expecting people to mask or change their autistic traits¹³.

The estimated prevalence of autism spectrum condition in adults is around 1.1%, lower than the 1–2% estimated among children, suggesting that autism remains underdiagnosed in adulthood¹⁴. As of March 2024, there were 828,138 registered GP patients in England with an autism diagnosis¹⁵.

¹⁰ Solihull Metropolitan Borough Council [Children & Young People with Special Educational Needs and Disabilities: Joint Strategic Needs Assessment \(JSNA\)](#) Accessed February 2026

¹¹ Mencap. [How Common Is Learning Disability In The UK? How Many People Have A Learning Disability? | Mencap](#) Accessed April 2025

¹² National Autistic Society. [What is autism](#) Accessed March 2025

¹³ National Autistic Society [Embracing neurodiversity affirmative practice](#) Accessed February 2026

¹⁴ [NICE Clinical Knowledge Summaries](#) Accessed October 2025

¹⁵ [NHS Digital](#) Accessed October 2025

2.3 Equality, Diversity and Inclusion considerations

National evidence shows that outcomes for people with learning disabilities and those with autism vary significantly by ethnicity, socioeconomic status, and other protected characteristics, and these differences often compound existing health and social inequalities.

Across England, autism prevalence rates among school-aged children are higher among Black children (2.11%) and mixed heritage groups (1.9%) compared to White children (1.8%), while Asian children have lower recorded prevalence (1.1%) and Roma/Irish Traveller children the lowest (0.85%). These differences may reflect barriers to diagnosis, cultural stigma, and unequal access to assessment pathways rather than true differences in need. Children from disadvantaged backgrounds, including those eligible for free school meals, are also more likely to have autism recorded within education data highlighting the strong association between deprivation and patterns of autism identification¹⁶.

Health outcomes show even starker inequalities. For ethnic minority adults with a learning disability the average age of death is just 34 years, compared to 62 years for White adults. Contributing factors include poorer access to healthcare, language barriers, and a lack of culturally competent services.¹⁷ National reviews have also highlighted differences in rates of Do Not Attempt Cardiopulmonary Resuscitation decisions among ethnic minority patients (51% vs 73% for White patients), raising concerns about equity in end-of-life care as well as the consistency and appropriateness of decision-making.¹⁸

People from minority ethnic backgrounds with learning disabilities often experience 'double discrimination' facing both disability-related stigma and racial inequality. Barriers include limited availability of easy-read or translated materials, cultural insensitivity, and lack of targeted outreach.¹⁸

¹⁶ Roman-Urrestarazu A, van Kessel R, Allison C, Matthews FE, Brayne C, Baron-Cohen S. [Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England](#). JAMA Pediatr. 2021;175(6):e210054. doi:10.1001/jamapediatrics.2021.0054

¹⁷ NHS England [Update on Learning Disability and Autism Programme](#) Accessed November 2025

¹⁸ Race Equality Foundation [We deserve better: Ethnic minorities with a learning disability and access to healthcare](#) Accessed November 2025

Looking ahead, England's population is becoming increasingly diverse. By 2040, minority ethnic groups will represent a larger share of the population, including those who have learning disabilities and/or autism.¹⁹ Without improved data collection and culturally sensitive service design, these inequalities risk becoming more entrenched.

In Solihull, Adult Social Care data provides insight into the diversity of people receiving support for learning disabilities and autism (see section 2.3).

¹⁹ Office for National Statistics [Protected characteristics by disability status, England and Wales: Census 2021](#)

3 Solihull demographics

3.1 Prevalence

The NHS Digital Quality Outcomes Framework (QOF) provides annual prevalence information on patients with learning disabilities (including Down syndrome) from GP practice records. As of 2023-24 there were 1,591 Solihull citizens on the register who are cared for regularly by GPs, a prevalence of 0.62%, higher than the national rate of 0.58%²⁰. However, the estimated total UK population of adults with a learning disability is higher than the GP register prevalence at approximately 2.16%²¹

Equivalent data for autistic people is not available, however, estimated projections for the number of adult residents with autism are presented in section 2.2 and table 3 below.

3.2 Projections

PANSI²² and POPPI²³ provide population projection figures for Solihull residents aged 18+ who have a learning disability and may require social care support. The projections for 2025 to 2045, presented in Table 1 and Table 2 below, forecast an increase across all categories of learning disability. This pattern is influenced by cyclical birth rates and overall projections in the general population.

Growth is expected to be most notable among adults aged 35–54, while the number of adults aged 18–24 is predicted to decline slightly over the same period. The number of older adults (aged 65 and over) is expected to rise.

Overall, the data suggest that Solihull will experience increasing demand for health and social care support across both working-age and older populations, with future pressures likely to emerge around long-term support and age-related health needs.

²⁰ NHS Digital [Quality and Outcomes Framework 2023-2024](#) Accessed December 2024.

²¹ Mencap [How Common Is Learning Disability In The UK? How Many People Have A Learning Disability? | Mencap](#) Accessed April 2026.

²² PANSI. [Projecting Adult Needs and Service Information System](#) Accessed October 2025.

²³ POPPI. [Projecting Older People Population Information System](#) Accessed October 2025.

Table 1 Projections of Learning Disability Populations in Solihull (2023-2040)

Type of Learning Disability	2025	2030	2035	2040	2045
Any learning disability*	4028	4142	4256	4344	4406
Moderate or severe learning disability	823	846	866	883	893
Down syndrome	86	89	92	94	94

*Any learning disability also includes learning disabilities not classified as moderate to severe or severe

Table 2 Projections of Learning Disability Populations in Solihull (2025-2045)

Age Group	2025	2030	2035	2040	2045
18-24	399	429	437	413	386
25-34	640	657	682	712	707
35-44	703	735	747	762	786
45-54	642	655	712	745	759
55-64	661	622	579	596	646
65-74	476	521	549	525	491
75-84	369	365	360	399	424
85+	137	158	189	193	207
Total	4028	4142	4256	4345	4406

The data also shows an overall increase in adults predicted to have autism over this period, suggesting Solihull may need to consider whether the current offers of support will be sufficient to meet future demand. Among working-age adults, the most notable increases are projected in the 35–54 age groups, while a modest decline is expected among younger adults aged 18–24. The number of older adults with autism (aged 65 and over) is also predicted to increase gradually over the same period, particularly among those aged 75 and above.

Table 3 Projections of Autistic Spectrum Disorders Populations in Solihull (2023-2040)

Age Group	2025	2030	2035	2040	2045
18-24	156	166	170	160	150
25-34	253	264	277	289	285
35-44	270	284	294	305	318
45-54	267	272	291	305	317
55-64	286	269	249	256	274
65-74	212	230	241	232	216
75+	223	235	244	263	281
Total	1667	1721	1767	1810	1843

3.3 Equality, Diversity and Inclusion Profile

In Solihull, Adult Social Care data provides insight into the diversity of people receiving support for learning disabilities and autism. However, GP register data would offer a more comprehensive picture of the population. At present, this information is not easily accessible. Future work should focus on improving data capture and sharing across health and local authority systems to monitor intersectional inequalities and inform service planning.

The demographic profile is broadly consistent with Solihull general population in terms of ethnicity and nationality, but with significant gaps in disclosure for sexual orientation and religion.

3.3.1 Demographic profile – adults with learning disability support

Adult Social Care data shows that 652 individuals in Solihull receive long-term support under the Primary Support Reason of Learning Disability. This group is:

- 60% male, with a notable gender imbalance.
- 85% White – English, Welsh, Scottish, Northern Irish or British, with small numbers from Asian, Black, and mixed ethnic backgrounds, which broadly mirrors Solihull's overall demographic profile.
- 93% are British nationals.
- 31% heterosexual, but 51% did not disclose sexual orientation, suggesting potential barriers to disclosure or gaps in inclusive data collection.
- Church of England (34%) and no religion (25%) were the most common religious affiliations.

3.3.2 Demographic Profile – Adults with Autism

Adult Social Care data identifies 209 individuals in Solihull with a recorded diagnosis of autism who receive long-term support. This cohort is predominantly:

- Male (71%), reflecting national trends in autism diagnosis.
- White – English, Welsh, Scottish, Northern Irish or British (89%), with limited ethnic diversity.
- 94% British nationals.
- Heterosexual (29%), although 51% did not disclose sexual orientation, suggesting potential barriers to disclosure or gaps in inclusive data collection.
- Church of England (37%) and no religion (31%) were the most common responses.

3.3.3 Demographic Profile – Children

Children's Social Care data identifies 163 children in Solihull recorded with a disability of either learning disability or autism spectrum condition (including official diagnoses and health conditions). Within this cohort:

- Age distribution shows that the majority are aged 10 - 15 years (58%), followed by 16 - 17 years (25%), and 9 or under (17%), indicating that most children receiving support are in middle childhood or early adolescence. The comparatively high representation of 16 - 17 year olds, despite this covering a smaller age range, may indicate later identification of need. This pattern is consistent with pressures in assessment pathways and prolonged waiting times for diagnosis.
- Ethnic profile is predominantly White (82%), with smaller proportions from Mixed (12%), Asian or Asian British (3%), and Black or Black British (2%) backgrounds.
- Children recorded with learning disabilities account for 55 cases, while those with autism spectrum conditions total 125 cases, with 17 children identified as having both.

3.4 Life expectancy and mortality

3.4.1 Life expectancy

People with learning disabilities have a significantly lower life expectancy than the general population. In Solihull, this gap is 23 years²⁴.

In England, data from 2022 shows the median age at death for both males and females with a learning disability is 62.9 years²⁵. In Solihull, the mean age of death of people with learning disabilities is 59 years (58 for males, 60 for females), compared with the average life expectancy for the Solihull population as a whole of 82.2 years (80.4 for males, 84 years for females)²³.

The median age of death for autistic people is 54 years in England (53 for females, 54 for males). Relatively small numbers of deaths of adults with autism have been reported to LeDeR so the age of death will not be representative of all deaths in adults with autism. No data is available for Birmingham and Solihull.

3.4.2 Mortality

Learning disabilities are rarely sufficient medical explanation of the death in themselves. Medical practitioners are instructed to never use descriptions such as 'learning disabilities' as the cause of death. If such conditions are relevant to the death the more immediate mechanisms or train of events leading to death must be made clear. Some genetic conditions may be life limiting in and of themselves and these may therefore be reasonable to include in the causes of death²⁶. Therefore, when analysing deaths data, learning disabilities that are characteristic of a genetic condition are much more likely to be recorded than other learning disabilities.

The Birmingham and Solihull Annual Learning from Lives and Deaths - people with a learning disability and autistic people (LeDeR) Report 2023/24²⁷ recorded 94 completed reviews (including 16 Solihull residents), six of which were for individuals with autism only. Age at death among all reviews showed that 45% were for people aged over 65, 31% were for people aged 50-64, 22% for those aged 25-49, and 2%

²⁴ LeDeR Programme. [LeDeR Annual Report 2021-22.pdf](#) Birmingham and Solihull ICB

²⁵ LeDeR Programme. [Annual Report 2022](#) Accessed December 2024.

²⁶ Department of Health & Social Care, 2025.

²⁷ Birmingham and Solihull ICB. [Birmingham and Solihull Annual LeDeR Report 2023-24.pdf](#) Accessed August 2025.

for those aged 18-24. 58% of people were male and 42% were female. For the six reviews carried out for individuals with autism only, 100% were male and the average age of death was 42 years. It should be noted that the interpretation of these findings is limited by small numbers. In addition, deaths included in LeDeR are not representative of all deaths, as reviews are often triggered by unexpected deaths or serious incidents involving individuals known to health or social care services.

As of April 2025, 121 deaths of Solihull residents have been recorded since 2001 where a learning disability and/or autism is mentioned as a cause of death²⁸.

Of the 121 deaths, over half (65, 53.7%) were in residents with Down syndrome, and eight (6.6%) involved other chromosomal abnormalities such as Edwards syndrome and Klinefelter syndrome. Over a quarter (35, 28.9%) mentioned developmental disorders of scholastic skills as a cause of death, these are deaths where a learning disability was mentioned as a cause of death on the death certificate. Of these 35 deaths, almost a third (11, 31.4%) died from aspiration pneumonia²⁹. Aspiration pneumonia also caused 20 (30.8%) of the deaths in those with Down syndrome. Additional causes of death included malnutrition, milk aspiration, and dehydration.

Autism and other pervasive developmental disorders are rarely mentioned on the death certificate, with only seven deaths since 2001 in Solihull. However, national evidence indicates that autistic people experience substantially higher rates of suicidal thoughts, suicide attempts and suicide than the general population.

Evidence from Autistica's Personal Tragedies, Public Crisis report³⁰ highlights that autistic adults without a learning disability are around nine times more likely to die by suicide than the general population. Factors associated with this increased risk include co-occurring mental health conditions, social isolation, unemployment, experiences of bullying, and difficulties accessing appropriate support³¹.

²⁸ Deaths where the cause of death, in any position (1-8), included the following ICD10 codes: F700-F989, Q900-Q999, Q871, Q878, Q870, E760) sourced from the Civil Registration of Deaths, NHS England Accessed April 2025

²⁹ A type of pneumonia caused by bacteria entering the lungs when food, liquid, or saliva is inhaled instead of being swallowed.

³⁰ Cassidy S, Bradley P, Cogger-Ward H, et al. Personal Tragedies, Public Crisis: The urgent need for a national response to early death in autism. Autistica, 2018. [Personal-tragedies-public-crisis-ONLINE.pdf](#) Accessed August 2026.

³¹ Autistica [Suicide and autism](#) Accessed August 2026

4 Health and Wellbeing Inequalities

Health inequalities can be defined as avoidable and unfair differences in health status between groups or communities³². Individuals with learning disabilities experience significant disparities in the key factors that shape overall well-being. They are more likely to be affected by poverty, social exclusion, and discrimination, while also facing barriers to transportation, education, and employment. Differences are also observed in housing, interactions with the criminal justice system, and access to healthcare³³. The next section examines these differences and their effects on people with learning disabilities.

4.1 Morbidity and avoidable deaths

People with learning disabilities experience poorer health outcomes, often from an early age, and have a life expectancy much lower than the general population³⁴. The 2020 LeDeR report noted that at the time of death, 46% of people with a learning disability had between seven and ten long-term health conditions³⁵.

LeDeR also reports that people with a learning disability are three to four times more likely to die from an avoidable medical cause, compared to the general population²⁴.

In 2022, the five most common causes of death reported to LeDeR were due to the circulatory system (16.7%), cancer (14.6%), respiratory system (14.5%), nervous system (13.6%), and congenital malformations and chromosomal abnormalities (13.3%)²⁴.

The 2022 LeDeR Annual Report highlighted that 42% of deaths among people with learning disabilities in England were avoidable³⁶, nearly double the rate in the general population (22%). Avoidable deaths were most common for those aged 25-64 years, and males were 22% more likely than females to experience an avoidable death. The conditions which accounted for the highest proportion of avoidable

³². Definition from Public Health England 2018. [Chapter 5: inequalities in health - GOV.UK](#) Accessed December 2024

³³ GOV.UK [Learning disability - applying All Our Health - GOV.UK](#) Accessed April 2025

³⁴ Emerson and Baines 2011. [Health inequalities and people with learning disabilities in the UK](#) Accessed December 2024.

³⁵ LeDeR Programme. [Annual Report 2020](#) Accessed December 2024.

³⁶ Deaths are regarded as 'avoidable' in cases where the person dies before the age of 75 years and could reasonably have been prevented

deaths included cardiovascular conditions (26.4%), respiratory conditions (23.8%, excluding COVID-19) and cancers (15.7%)²⁴.

Annual health checks and participation in screening programmes (described further in Section 4.3.3) are key to identifying health issues early, and ensuring services such as stop-smoking support are accessible is an important part of addressing the inequalities highlighted in this section.

4.2 Wider determinants of health

4.2.1 Physical Activity

The benefits of physical activity – such as improved physical health, psychological well-being, and social inclusion – are well established in the general population, and similar effects have been observed among people with learning disabilities and those with autism. These include positive impact on fitness levels, weight management, and cardiovascular health^{37 38 39 40}. For autistic people evidence shows improved development of social skills, regulation of emotions, and management of behaviour and cognition^{41 42}. However, individuals with learning disabilities and autism often encounter barriers to physical activity, such as accessibility issues, communication challenges, lack of tailored programs, and negative societal attitudes.

³⁷ Nursing Times. [Encouraging physical activity in people with learning disabilities | Nursing Times](#)
Accessed April 2025

³⁸ Wu WL et al (2017) Effectiveness of a cross-circuit exercise training program in improving the fitness of overweight or obese adolescents with intellectual disability enrolled in special education schools. *Research in Developmental Disabilities*; 60, 83-95.

³⁹ Kastanias TV et al (2015) Effects of aerobic exercise on health-related indicators in individuals with intellectual disability with or without the Down syndrome. *Journal of Physical Activity, Nutrition and Rehabilitation*; September 15.

⁴⁰ Collins K, Staples K (2017) The role of physical activity in improving physical fitness in children with intellectual and developmental disabilities. *Research in Developmental Disabilities*; 69, 49-60.

⁴¹ Zborowska A.M. (2025) The role of physical activity and sport in children and adolescents with autism spectrum disorder: a narrative review. *Sports Psychiatry: Journal of Sports and Exercise Psychiatry*, 4(2), 81–90.

⁴² Kou R., Li Z., Zhang J., et al. (2024) Comparative effectiveness of physical exercise interventions on sociability and communication in children and adolescents with autism: a systematic review and network meta-analysis. *BMC Psychology*, 12:712.

Consequently, only 9% of people with learning disabilities and 40% of autistic people meet the minimum recommended levels of physical activity^{43 44} in comparison to 63.7% of the total adult population in England⁴⁵.

National research shows that almost half (48%) of people with a learning impairment (classified when respondents indicated difficulties in areas such as learning, understanding, or concentrating) feel they are not given the opportunity to be as active as they want, compared to 36% of disabled people overall and 20% of non-disabled people. Physical access to outdoor spaces is also limited, with only 35% reporting that it is easy to access parks and green areas. Representation is another issue: fewer than one in three people with learning impairments see 'people like me' playing, working, or volunteering in sport and physical activity, which can reduce motivation and sense of belonging. Financial constraints compound these barriers. Nearly half of respondents agree that the cost of living crisis has affected how active they are, and more than half consider sport and activity a luxury rather than a necessity. These findings underline the importance of inclusive and affordable opportunities⁴⁶.

The potential benefits of addressing these barriers are substantial. Research by Activity Alliance estimates that supporting disabled people to meet the Chief Medical Officers' guidelines of 150+ minutes of activity per week generates £6,200 in social value per person per year - three to four times the value for non-disabled people. This figure is almost equivalent to the social value of being employed rather than unemployed (£7,000), highlighting the economic and societal impact of inclusive physical activity⁴⁷.

Locally, Solihull has taken steps to improve access to inclusive physical activity. The current leisure centre contract with Everyone Active includes a requirement to

⁴³ Blagrove AJ, Colombo-Dougovito AM, Healy S. (2021) "Just Invite Us": Autistic Adults' Recommendations for Developing More Accessible Physical Activity Opportunities. *Autism in Adulthood : Challenges and Management*, 3(2):179-186.

⁴⁴ Dairo YM et al (2016) Physical activity levels in adults with intellectual disabilities: a systematic review. *Preventive Medicine Reports*; 8: 4, 209-219.

⁴⁵ Sports England [Record numbers playing sport and taking part in physical activity | Sport England](#) Accessed April 2026

⁴⁶ Activity Alliance [Annual Disability and Activity Survey Report 2023-24](#) Accessed November 2025

⁴⁷ Activity Alliance [Disabled people's activity could contribute £6.2k per person per year](#) Accessed November 2025

provide disability-focused activities at both centres. In addition, Solihull Active has worked to develop sensory walking routes and inclusive orienteering trails, creating opportunities for people with learning disabilities and autism to engage in outdoor activities. To promote these offers, partners have produced a range of accessible resources, including digital and printed booklets, easy-read versions, and social stories, designed to help people discover and participate in local physical activity opportunities.

The newly redesigned Healthy Active Lives service, commissioned by Public Health and delivered by DDM Health, has identified people with a learning disability as a priority cohort for targeted interventions. These interventions will be co-produced to ensure they are tailored and accessible to this community.

Alongside the programmes delivered by Solihull Active and DDM Health, there are also valuable community and charity-led initiatives that further expand inclusive physical activity opportunities in the borough. For example, Solihull Wheels for All provides fully inclusive cycling sessions in a safe, traffic free environment, offering a wide range of adapted bikes and support for people of all ages and abilities, including those with learning disabilities and autism. Sessions run regularly at Tudor Grange Leisure Centre and include both open sessions and private group bookings, enabling individuals, families and carers to take part together.

However, despite these positive initiatives, there is no local data on participation rates for people with learning disabilities or autism. The Solihull Active Annual Report shows that 2,408 people with disabilities took part in local activity services in 2024/2025, an increase of 281 from the previous year, indicating growing engagement across the wider disability community.

4.2.2 Education

Education outcomes are a critical determinant in early years and school age, influencing later employment and independence. In the UK, students with special educational needs, including learning disabilities, experience significant differences during their education⁴⁸. National education datasets report outcomes for the wider

⁴⁸ Department for Education. [Special educational needs and disability: an analysis and summary of data sources](#) Accessed April 2025

SEN cohort rather than separating out learning disabilities or autism and the figures presented in this section reflect all children with SEN. This means the data includes a much broader group than those with learning disabilities or autism alone, and trends may not directly represent the experiences of these specific subgroups.

Early years outcomes are significantly lower for children with SEN. Nationally, only 19.7% achieved a good level of development in 2023–24 compared to 75.6% without SEN. In Solihull, this gap was wider, with just 13.7% of SEN pupils meeting the benchmark versus 77.7% of their peers, a decline from the previous year.

At Key Stage 2, progress is evident, but disparities persist. Nationally, 22% of pupils with SEN met expected standards in reading, writing, and maths compared to 72% without SEN. In Solihull, 28% of SEN pupils achieved this, up from 23% the year before, while non-SEN pupils improved slightly to 75%.

At Key Stage 4, the average score obtained by a student for their best 8 GCSE results was 27.8 for students with SEN compared to 50 for those with no identified SEN in England. In Solihull, scores were slightly higher at 31.8 for children with SEN and 51 for those without SEN, an increase from 30.4 and 49.2 respectively the previous year.

4.2.3 Employment

Employment opportunities become particularly relevant during transition and working age, impacting financial security and social inclusion. Local authorities across the UK have reported that employment rates remain low among working-age individuals with learning disabilities. In 2022–23, just 4.8% of adults aged 18 to 64 in England with learning disabilities who were receiving Adult Social Care support were employed⁴⁹. This has decreased over time from 2011/12 when the employment rate was 7.1% (Figure 1). National data consistently shows that men with a learning disability are more likely to be in paid employment than women. This partly reflects that more men are known to services, but even after accounting for this, women remain underrepresented. The gap suggests that additional barriers may exist for women

⁴⁹ NHS Digital 2023. [Measures from the Adult Social Care Outcomes Framework](#) Accessed March 2025

with a learning disability in accessing work, highlighting the need for targeted support.

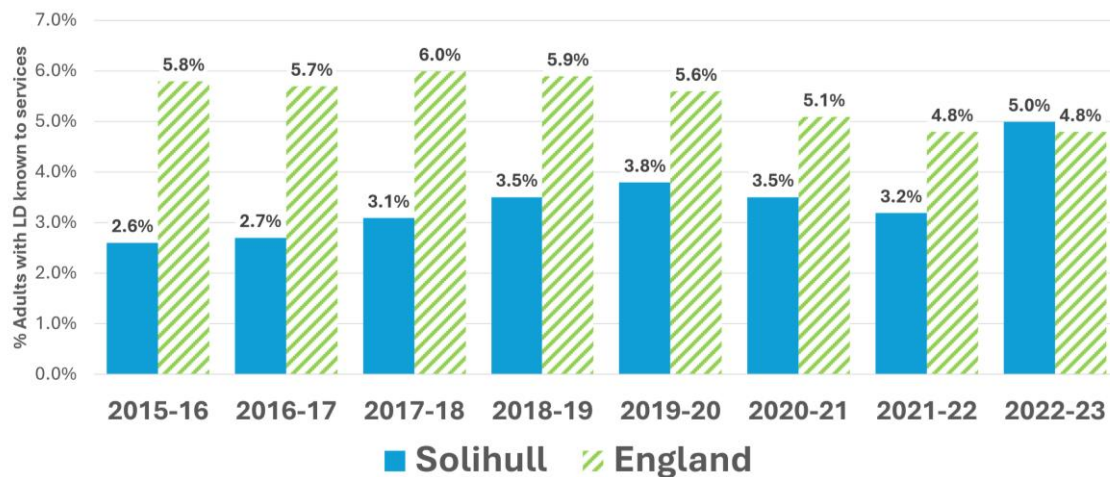


Figure 1 What proportion of adults with a learning disability in England are in paid employment? (Source: Nuffield Trust⁵⁰)

The proportion of adults with a Learning Disability in paid employment trended upwards in Solihull from 2.6% in 2015/16 to 5% in 2022/23. The Solihull rate was higher than the England average (5% vs 4.8% for England) for the first time since records began in 2015/16 (see Figure 2).

⁵⁰ Nuffield Trust [Supporting people in employment | Nuffield Trust](#) Accessed March 2025

Adults with a Learning Disability in paid employment



Source: Adult Social Care Outcomes Framework (ASCOF) – NHS Digital

Figure 2 Adults with a learning disability in paid employment

The adults with a learning disability in employment measure was formerly part of the Adult Social Care Outcomes Framework (ASCOF) but has been discontinued, with 2022/23 the last year it was reported nationally or regionally. However, it is still monitored locally in Solihull with figures available for 2023/24. At this point the proportion of Solihull adults with a Learning Disability in paid employment increased again to 8.1%.

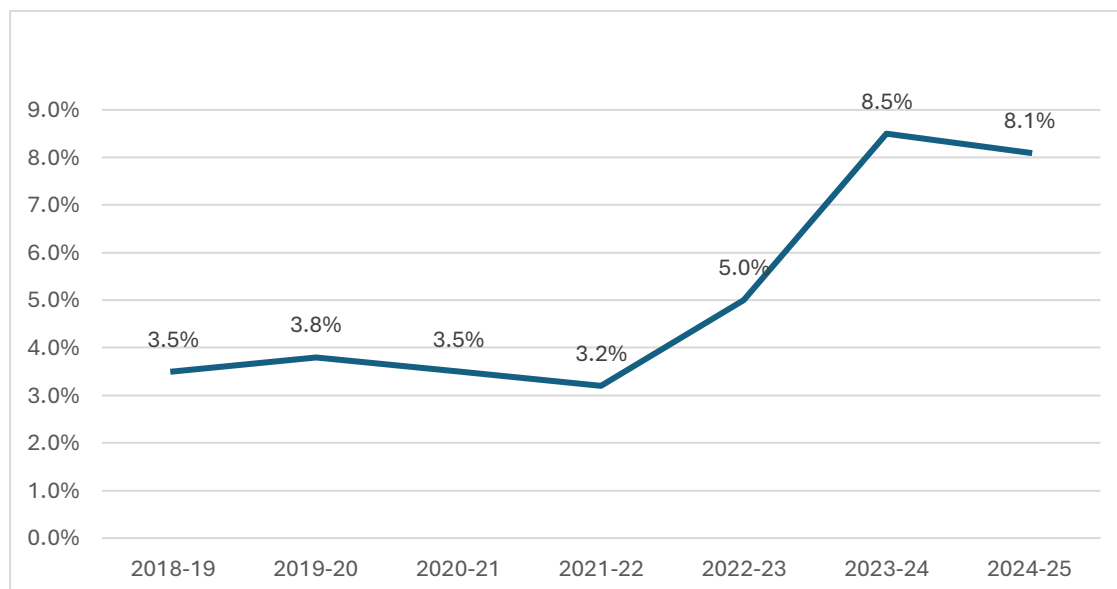


Figure 3 Proportion of adults with learning disabilities in paid employment in Solihull

National evidence shows that only around 30% of adults with autism are in any form of paid employment, compared to approximately 50% of all disabled people and 80% of non-disabled people. The Buckland Review highlights that graduates with autism are twice as likely to be unemployed 15 months after graduation compared to their non-disabled peers, and those who do secure employment are earning on average one-third less than non-disabled colleagues. Solihull does not currently hold local data on autism employment.

According to DWP figures from September 2025, there are 62,371 Personal Independence Payment (PIP) claims for psychiatric disorders across the East and West Midlands, with 44% relating to autism. In the West Midlands alone, this represents 15,073 claimants.

In Solihull, as of July 2025, 17.3% (1,850) of working age PIP claimants had either a learning disability or autism. This is notably higher than the regional average of 13% and the national average of 12.7%, primarily due to the above-average proportion of claimants with autism in Solihull.

Table 4 Working Age (16-64 years) Personal Independence Payments July 2025 Department for Work and Pensions

	PIP Claimants	Claimant with Learning Disability	Claimant with Autistic Spectrum Disorder	Combined LD or ASD
Solihull	10,689	612 (5.7%)	1,238(11.6%)	1,850 (17.3%)
England	2,872,484	146,261(5.1%)	219,520 (7.6%)	365,781 (12.7%)
West Midlands	327,681	18,251 (5.6%)	24,419 (7.5%)	42,670 (13.0%)

In February 2025 there were 283 working age claimants of Disability Living Allowance (DLA) in Solihull of which 128 had a Learning Disability. At 45% the proportion of Solihull working age DLA claimants is higher than England (31%) or the West Midlands (39%).

Table 5 Working Age (16-64 years) Disability Living Allowance Claimants February 2025 Department for Work and Pensions

	DLA Claimants	Claimant with a Learning Disability	% Learning Disability
Solihull	283	128	45%
England	153,038	47,692	31%
West Midlands	6,663	2,615	39%

4.2.4 Housing

To assist people with learning disabilities to live as independently as possible, local authority social services commonly help individuals to find and maintain suitable accommodation. Accommodation is generally classified as either 'settled'⁵¹ where the individual can reasonably expect to live as long as they choose, or 'unsettled'⁵² which is either unsatisfactory or lacks the security of tenure (for example, residential care homes)⁵³.

Mencap's 2012 Housing Report⁵⁴ found that people with learning disabilities known to local authorities were living in the following types of accommodation: with family and friends (38%), registered care home (22%), supported accommodation (16%), local authority accommodation or housing association (12%), privately rented accommodation (3%), and other (9%).

This report also revealed that 86% of parents and carers wished for the individuals they support to lead independent lives. However, barriers such as limited availability of suitable placements, insufficient funding, and difficulties in accessing proper

⁵¹ For example: Owner Occupier/Shared ownership scheme, Tenant - Local Authority /Registered Social Landlord/Housing Association, Private Landlord, Settled mainstream housing with family/friends, Supported accommodation, Shared lives scheme, Approved premises for offenders released from prison or under probation supervision, Sheltered Housing, Mobile accommodation for Gypsy/Roma and Traveller community

⁵² For example: Rough sleeper/Squatting, Night shelter/emergency hostel/direct access hostel, Refuge, Placed in temporary accommodation by the council, Staying with family/friends as a short-term guest, Acute/long stay healthcare residential facility or hospital, Registered Care or Nursing Home, Prison/Young Offenders Institution/Detention Centre

⁵³ Fingertips. [Learning Disability Profiles - Data | Fingertips | Department of Health and Social Care](#) Accessed April 2025

⁵⁴ Mencap [2012.108-Housing-report_V7.pdf](#) Accessed April 2025

assessments often meant individuals remained in the family home. This situation undermined their independence, fostered dependence on others, diminished their confidence in living autonomously, and increased stress for their carers⁴⁹.

In 2023/24, 78% of working age adults with a learning disability in Solihull were living in their own home or with family (settled accommodation). This represents an increase of more than 10 percentage points over the last 10 years and is now at a rate similar to England⁵⁵.

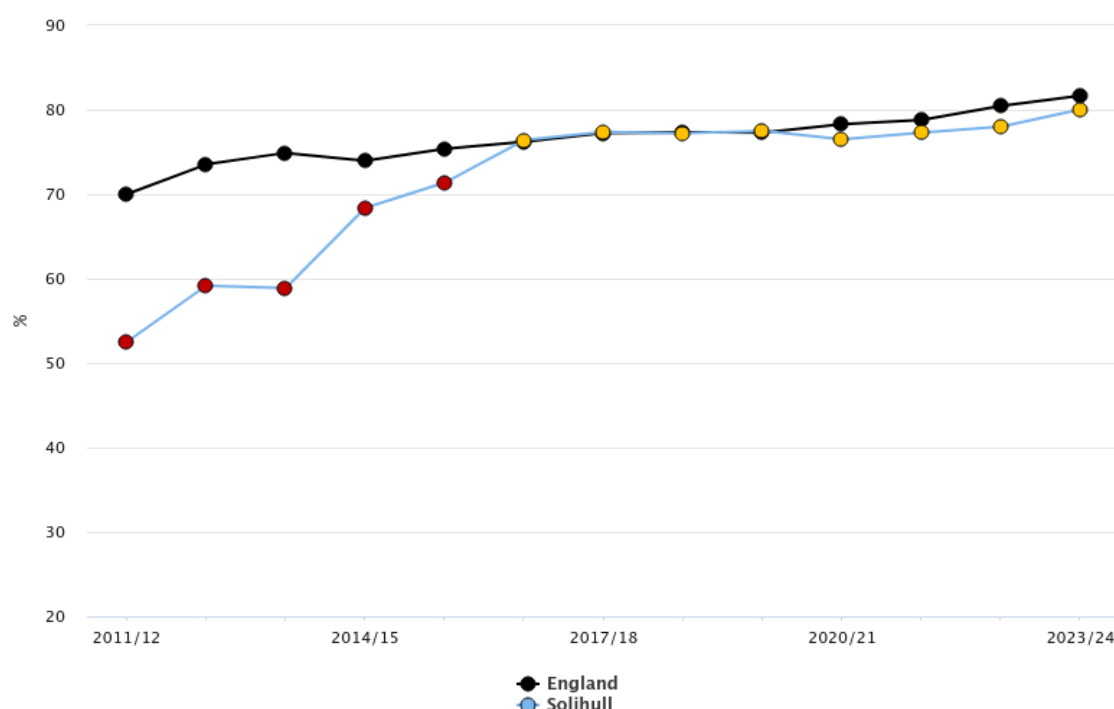


Figure 4: Adults with a learning disability who live in their own home or with their family (Source: Fingertips⁵⁰)

As of November 2025, 81% of people with learning disabilities receiving long-term support from Solihull Council lived in settled accommodation (528 individuals out of 652). The most common living arrangements were with family or friend, supported accommodation, and tenancy with local authority or housing associations. However,

⁵⁵ Fingertips. [Learning Disability Profiles - Data | Fingertips | Department of Health and Social Care](#)
Accessed April 2025

124 individuals (19%) were still living in unsettled accommodation, with the majority (119) residing in registered care homes (see Table 6).

Of the 209 autistic people⁵⁶ who receive long-term support from Solihull Council, 78% (163 individuals) were living in settled accommodation, most commonly supported housing or with family. Nearly one in five remained in unsettled accommodation – primarily registered care homes (43 individuals)⁵⁷.

Table 6 Accommodation Status on Liquid Logic for clients with an open long term service where the primary support reason was recorded as learning disability and/or there is a health condition - Adults Social Care Liquid Logic data extracted on 05/11/2025

Accommodation Type	Learning Disability	Autism
Settled		
Settled mainstream housing with family or friends	241 (37%)	61 (29%)
Supported accommodation, supported lodgings/group home	192 (29%)	77 (37%)
Shared Lives scheme	7 (1%)	2 (1%)
Tenant: Local authority or housing association	48 (7%)	15 (7%)
Owner occupier/shared ownership	19 (3%)	4 (2%)
Sheltered housing/extra care housing	11 (2%)	-
Tenant: Private landlord	9 (1%)	4 (2%)
Mobile accommodation (Gypsy, Roma, Traveller communities)	1 (0.2%)	-
Total	528 (81%)	163 (78%)
Unsettled		
Registered care home	119 (18%)	43 (21%)
Registered nursing home	4 (0.6%)	2 (1%)
Acute hospital/long-term healthcare facility	1 (0.2%)	-
Placed in temporary accommodation by council	-	1 (0.5%)
Total	124 (19%)	46 (22%)

4.2.5 Long-Term Inpatients

National evidence shows that people with learning disabilities and autistic people are more likely to experience mental health conditions than the general population. As of

⁵⁶ A total of 186 individuals have both autism and a learning disability, meaning they are included in both groups.

⁵⁷ Adults Social Care Liquid Logic data extracted on 23/10/2025 from the Accommodation Status on Liquid Logic for clients with an open long term service where the primary support reason was recorded as learning disability and/or there is a health condition or disability entry of autism.

February 2025, there were 2,055 individuals in England with learning disabilities and/or autism (LDA) receiving inpatient care for mental health needs. These individuals occupied hospital beds specifically designated for mental health treatment and had been diagnosed with, or were believed to have, a learning disability and/or autism. Just over half of these individuals (1,030) had been hospitalised for over a year⁵⁸. As of April 2026, in Solihull there are three adult inpatients and no child inpatients⁵⁹ which reflects the usual pattern.

The LeDeR 2023 report identified mental health conditions as the most common long-term health condition among people with a learning disability whose deaths were reviewed⁶⁰. Estimates suggest that around 27-41% of people with a learning disability experience a mental health problem at some point in their lives⁶¹. Evidence from systematic reviews also indicates that autistic people experience high rates of co-occurring conditions, particularly anxiety disorders, depression and attention deficit hyperactivity disorder⁶².

The LeDeR report further highlights that many people with learning disabilities experience multiple long-term conditions and that delays in recognising illness, barriers to accessing care and diagnostic overshadowing can contribute to poorer outcomes. In 2023, LeDeR reviewers identified delays in care or treatment in 37.2% of deaths reviewed, gaps in care provision in 23.2%, and diagnosis or treatment that did not meet guidelines in 28.4% of cases. Diagnostic overshadowing, where symptoms of physical or mental ill health are incorrectly attributed to a person's learning disability or autism, are an ongoing concern that can delay diagnosis and access to appropriate treatment⁶³. These findings highlight the importance of accessible, autism-informed and learning disability-informed mental health services, early intervention and coordinated support.

⁵⁸ NHS Digital. [Learning Disability Services Monthly Statistics, AT: February 2025, MHSDS: January 2025 - NHS England Digital](#) Accessed April 2025

⁵⁹ Communication from Head of Service, Adult Social Care Directorate

⁶⁰ LeDeR Annual Report Learning from Lives and Deaths: People with a Learning Disability and Autistic People [LeDeR 2023](#) Accessed August 2026

⁶¹ [Learning Disability and Mental Health - Mental Health Research | Mencap](#) Accessed August 2026

⁶² [Prevalence of comorbid psychiatric disorders among people with autism spectrum disorder: An umbrella review of systematic reviews and meta-analyses - PubMed](#) Accessed August 2026

⁶³ [Diagnostic overshadowing and how it impacts on people with a learning disability and autistic people | Local Government Association](#) Accessed August 2026

Work is currently underway across the BSol Integrated Care System to further develop the use of the Dynamic Support Register (DSR) for identifying people with learning disabilities and autistic people who may be at risk of hospital admission. This includes a stronger focus on earlier identification and preventative support.

We have seen an increase in the early identification of children through the use of the Green RAG rating on the DSR, enabling multi-agency partners to collaborate more effectively and provide timely community-based support. This proactive approach aims to address emerging needs at the earliest opportunity and reduce the likelihood of escalation to hospital admission. Ongoing awareness training and the introduction of supporting tools are further strengthening partners' understanding of the DSR and the benefits of timely referral.

To improve accessibility, a self-referral option has been introduced for individuals, as well as their families and carers. This is being widely shared through partner communication channels to encourage early engagement and support.

In addition, system-wide DSR coordinators have been recruited to support a more centralised and consistent approach to the delivery and oversight of the DSR. This includes ensuring the effective use of Care (Education) and Treatment Reviews to enhance community support for individuals with higher risk ratings.

Solihull residents who are currently in inpatient settings are reviewed regularly through a system-wide multi-agency forum involving health, social care and commissioners. This provides shared oversight of discharge planning and enables partners to collectively identify and address any system barriers that could delay discharge. The 12-point discharge checklist is used across providers to support structured discharge planning and monitor key milestones, and this has recently been further strengthened through local learning and shared practice within Solihull teams.

4.2.6 Domestic Abuse

There is limited information on domestic abuse against people with learning disabilities compared to what is known about the general population. Nationally, approximately 19% of people with a disability related to learning, understanding, or concentrating reported experiencing domestic abuse between April 2019 and March

2020, compared to approximately 5% of non-disabled people⁶⁴. Within Solihull, current data collection for domestic abuse cases dashboard includes a tick-box for whether the victim or perpetrator has a disability, but reporting is inconsistent and definitions vary across organisations.

Accessing domestic abuse services can be particularly challenging for people with learning disabilities. Research shows that two-thirds of women with learning disabilities who have experienced domestic abuse are unaware of available support, and most face significant difficulties when trying to seek help, leaving them feeling unsupported.⁶⁵ Disabled survivors - including those with learning disabilities - often encounter forms of abuse that are unique to their circumstances, such as withholding medication, restricting access to communication aids, or sabotaging care arrangements. Because many rely on their abuser for daily support, they may endure abuse for longer periods before reaching out for help. Barriers such as inaccessible services, the absence of easy-to-read materials, and professionals' limited understanding of disability make it even harder for victims to recognise abuse and access the support they need⁶⁶.

Similarly, evidence on domestic abuse towards autistic people is limited. However, research indicates that adults with autism are more likely to experience intimate partner violence or sexual abuse than those without autism⁶⁷.

4.2.7 Exploitation

Beyond domestic abuse, national evidence highlights that people with learning disabilities and autistic people are also at increased risk of wider forms of exploitation, including financial abuse and online harm. Research shows that 87% of adults with a learning disability are at risk of financial harm, often due to reliance on informal arrangements such as sharing PINs, handing over control of finances, or

⁶⁴ ONS. [Disability and crime - Office for National Statistics](#) Accessed April 2025

⁶⁵ McCarthy et al 2016. [‘I Know it was Every Week, but I Can’t be Sure if it was Every Day: Domestic Violence and Women with Learning Disabilities - McCarthy - 2017 - Journal of Applied Research in Intellectual Disabilities - Wiley Online Library](#)

⁶⁶ SafeLives [Disabled Survivors Too: Disabled people and domestic abuse](#) Accessed 25 November 2025

⁶⁷ Douglas S, Sedgewick F. Experiences of interpersonal victimization and abuse among autistic people. *Autism*. 2024 Jul;28(7):1732-1745. doi: 10.1177/13623613231205630. Epub 2023 Oct 16. PMID: 37842827; PMCID: PMC11191373.

allowing others to manage bank accounts, which significantly increases vulnerability to exploitation. Financial abuse is recognised under the Care Act 2014 as a form of safeguarding concern; however, evidence suggests it remains under-reported, particularly where abuse is perpetrated by family members, carers or people in positions of trust^{68 69}.

As digital access increases, online exploitation is an emerging and growing risk. A national survey of adults with intellectual disabilities found that 74% use the internet daily, and 48% use social media every day, yet many lack appropriate support to recognise scams or report online harm. Additional research indicates that only 31% of people with learning disabilities feel confident in spotting fake or scam emails, and nearly two-thirds have never received any digital safety training outside of education settings, increasing exposure to fraud, cyber-bullying and online grooming. Disabled people, including those with learning disabilities and autistic people, are also more likely to experience targeted online abuse and hate, which can have significant emotional and mental health impacts and is frequently under-reported⁷⁰⁷¹.

Evidence relating specifically to autistic people remains limited; however, available research suggests heightened vulnerability to exploitation through financial hardship, coercive relationships and so-called 'mate crime'. One UK study found that 70% of autistic adults reported being bullied or financially exploited by someone they considered a friend, compared to 31% of non-autistic adults, highlighting increased exposure to manipulation and exploitation⁷². Communication differences, social vulnerability and trusting behaviours may make it harder for autistic people to recognise or report exploitation, particularly where abuse is subtle, relational or online.

⁶⁸ [Learning Disabilities Report - Project Nemo](#)

⁶⁹ [FINAL-REPORT-Financial-Abuse-of-People-with-Learning-Disabilities.pdf](#)

⁷⁰ [Safer Online Lives: Internet Use and Online Experiences of Adults With Intellectual Disabilities—A Survey Study - PMC](#)

⁷¹ [Online but unsupported: new research on cyber security for people with learning disabilities - Digital Care Hub](#)

⁷² [Autistic adults experience high rates of negative life events | University of Cambridge](#)

5 Services

This section reviews the services available to support people with learning disabilities and autistic people in Solihull. Where possible the services are grouped by life stage - children and young people, transition, and adulthood - while also highlighting cross-cutting services such as screening and advocacy.

5.1 Children and young people

5.1.1 Children and Young People waiting times – primary and secondary care services

Waiting times for neurodevelopmental assessments in Solihull remain a significant challenge. As of February 2026, there were 1,400 children in Solihull waiting for an initial assessment for autism spectrum condition. The average waiting time for a child on the waiting list was 52 weeks and the longest time spent waiting was 125⁷³.

As of February 2026, there were 295 children waiting for an ADHD assessment. These assessments are undertaken by either a paediatrician or the ADHD nurse, depending on available capacity. At the time of completing this Needs Assessment, there was a backlog of referrals from January and February 2026 with triage expected to result in up to a further 120 children being added to the waiting list. It is important to note that this backlog reflects a temporary capacity issue rather than routine service performance, and this information is included here solely to support understanding of current and future need.

The average waiting time for a child on the waiting list for either a nursing or paediatrician assessment is 22 weeks. The longest time spent waiting for an assessment was 52 weeks for an individual who missed previous appointments. This has considerably dropped from last year's wait times when the longest time spent waiting for a nursing assessment was 91 weeks.

These figures highlight the scale of unmet need and the pressure on local services, with both pathways far exceeding recommended timelines for early diagnosis and

⁷³ Birmingham and Solihull Integrated Care System. Waiting Times Graphs & Further Detail. February 2026.

intervention. Work is currently underway to create a new neurodevelopmental pathway to ease the referral process.

Mental health needs for children and young autistic people and those with learning disabilities are primarily met through mainstream services, with specialist support available via the commissioned Mpower service and the SHOUT text-based support offer where required, as well as enhanced support for individuals on the Dynamic Support Register to reduce the risk of hospital admission.

5.1.2 Children's social care

In Solihull, the Children with Disabilities (CWD) Team⁷⁴ supports children up to 18 years old who have learning disabilities, physical or sensory impairments, chronic or life-threatening conditions, life-limiting illnesses, or multiple disabilities that cannot be addressed through universal, targeted, or early help services.

As of 31 March 2024 in Solihull, 372 children in need (17.3%) had a disability recorded⁶¹. Of these, 172 (46.2%) had a diagnosis of autism syndrome and 105 (28.2%) had a learning disability (see Table 7). Since 2015, the number of autistic children has increased, while the proportion of those with a learning disability has slightly decreased.

Table 7 Children in need with recorded disability in Solihull as of 31 March 2025 ⁷⁵

Year	Number of children in need with a disability recorded (% of children in need)	Percentage of children with a disability recorded with autism	Percentage of children with a disability recorded with a learning disability
2015	215 (15.9%)	31.6%	31.2%
2016	235 (18.3%)	30.6%	35.3%
2017	258 (18.4%)	34.9%	38.8%
2018	423 (28.1%)	37.6%	43.0%
2019	371 (25.5%)	36.7%	42.0%
2020	361 (24.4%)	41.8%	33.2%
2021	341 (20.5%)	41.1%	35.2%
2022	293 (16.3%)	42.0%	33.4%
2023	313 (14.8%)	43.8%	31.6%
2024	372 (17.3%)	46.2%	28.2%

⁷⁴ Solihull Metropolitan Borough Council [Solihull Children with Disabilities Team \(CWD\)](#) Accessed March 2025

⁷⁵ Gov.UK Explore education statistics [Step 6: Explore data - Create your own tables](#) Accessed June 2025

5.1.3 Education

In Solihull in 2023, 5.17% of school aged children had a recorded learning difficulty, including specific learning difficulties such as dyslexia and moderate to profound and multiple learning disabilities⁶². This is a slight decrease from 5.72% in 2015 and broadly similar to the England average (see Figure 5).

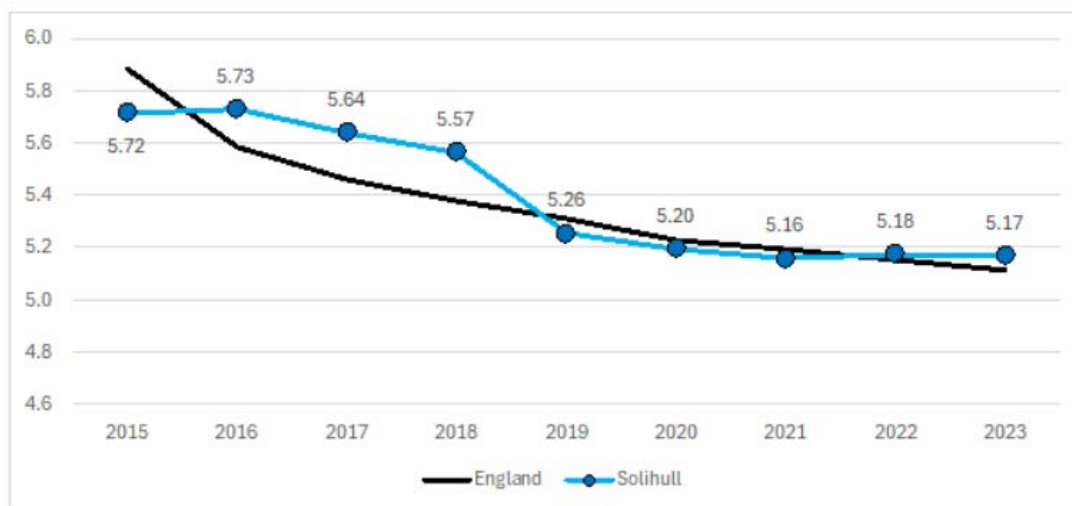


Figure 5 Children with learning difficulties known to schools. Percentage of school aged pupils from 2015-2023.

(Source: Department of Education Special Educational Needs 2023-24⁷⁶)

There were 876 children with moderate learning disabilities known to schools (21.81 per 1,000) in 2023, down from 1,221 in 2015 (31.88 per 1,000), aligning with national rates (see Figure 6)⁷⁰.

⁷⁶ Department of Education [Special educational needs in England, Academic year 2023/24 - Explore education statistics - GOV.UK](#)

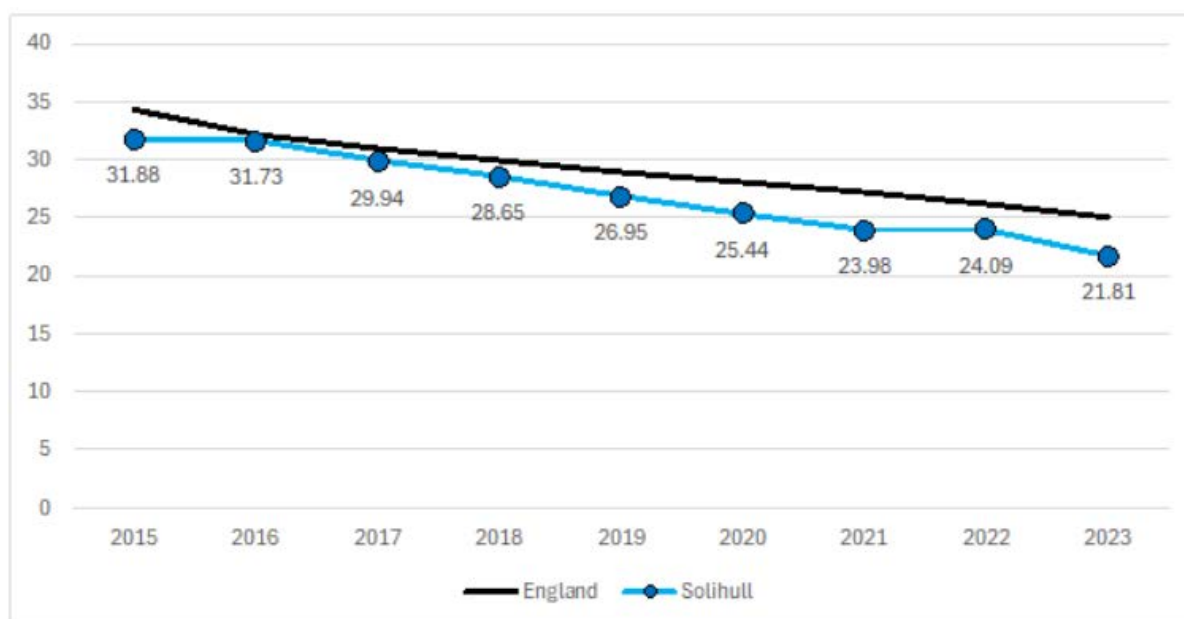


Figure 6 Children with Moderate Learning Disabilities known to schools
(Source: Department of Education Special Educational Needs 2023-24⁶²)

The number of children with severe learning disabilities increased from 87 (2.27 per 1,000) in 2015 to 146 in 2023 (3.63 per 1,000)⁷⁰, remaining below the rates for England (4.0 per 1,000). See Figure 7. Interpreting this trend is complex. There has been an increase in the birth rate of children with multiple sensory impairments, which may contribute to higher levels of need. Additionally, there is no clear national definition of severe learning disabilities, creating variability in classification. Post-COVID, social, emotional and mental health needs in children appear to have risen, which may result in some children previously considered to have moderate learning disabilities now being identified as having severe learning disabilities. To support consistency in local practice, Solihull MBC has developed a descriptor document to guide the application of learning disabilities criteria.

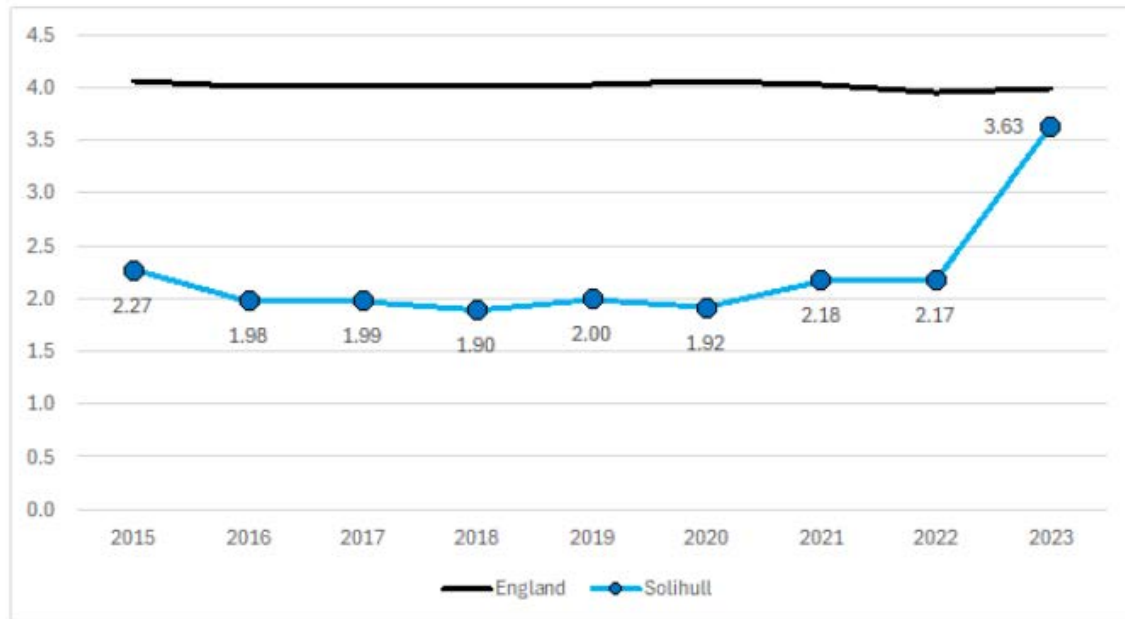


Figure 7 Children with Severe Learning Disabilities known to schools
(Source: Department of Education Special Educational Needs 2023-24⁶²)

In Solihull in 2020, there were 19 children with profound and multiple learning disabilities known to schools (0.48 per 1,000)⁷⁷. This has decreased slightly from 27 (0.67 per 1,000) in 2015, and is also below the national rate (1.29 per 1,000) (see Figure 8).

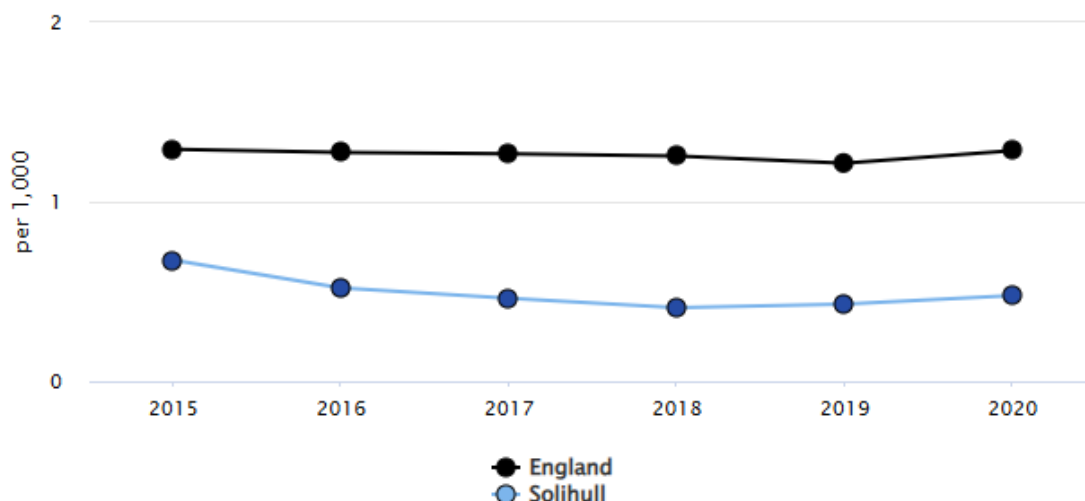


Figure 8 Children with Profound & Multiple Learning Disabilities known to schools
(Source: Fingertips⁷¹)

⁷⁷ Fingertips [Learning Disability Profiles - Data | Fingertips | Department of Health and Social Care](#)
Accessed April 2025

The number of autistic children known to schools in Solihull rose significantly, from 851 (22.2 per 1,000) in 2015 to 1,574 (39.2 per 1,000) in 2023⁷⁸, consistently above the rates for England (27.5 per 1,000 in 2023) (see Figure 9). Several factors may contribute to this trend. The size of the local authority can influence diagnostic capacity; in larger authorities, waiting times for assessment can extend to three to five years, limiting the ability to meet demand, whereas the average waiting time for a child in Solihull is 61 weeks. Additionally, all Solihull schools have received Autism Education Trust training and have access to the Autism Specialist Inclusion Support Service, which enhances awareness and understanding of autism among school staff and may contribute to higher referral rates. We are also participating in the Partnerships for Inclusion of Neurodiversity in Schools (PINS) programme across Solihull and Birmingham. PINS is a nationally supported initiative that brings together local authorities, the ICB, schools and parent carer forums to strengthen inclusive practice in mainstream primary schools and support earlier, school-based responses to neurodiverse needs⁷⁹. The programme focuses on early intervention, whole-school approaches and system-wide learning. This is particularly relevant given Solihull's higher recorded rates of autism identification in schools and ongoing pressures on assessment pathways. Learning from the first year of delivery is being taken forward into 2025–26, with plans to expand engagement with additional schools and strengthen sustainability through improved project management and partner involvement. PINS therefore forms an important part of the local system response to rising need within education.

⁷⁸ Fingertips [Learning Disability Profiles - Data | Fingertips | Department of Health and Social Care](#) Accessed April 2025

⁷⁹ [Partnerships for inclusion of neurodiversity in schools \(PINS\) programme - GOV.UK](#) Accessed April 2026

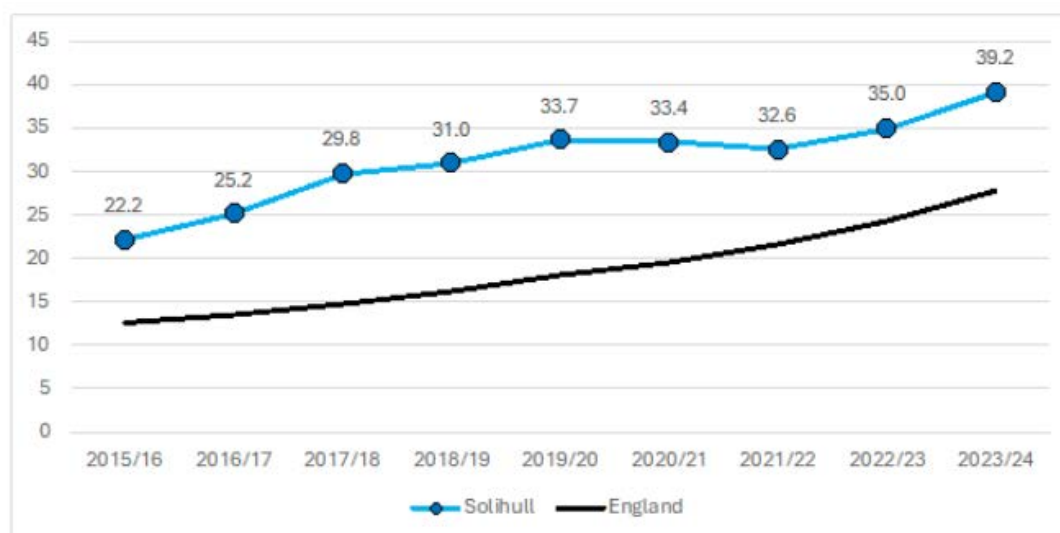


Figure 9 Autistic children known to schools
(Source: Department of Education Special Educational Needs 2023-24⁷⁰)

Solihull has six special schools⁸⁰ and a further eight schools with additionally resourced provisions or centres that are able to support students with special educational needs⁸¹.

The borough also has a Specialist Inclusion Support Service comprising four teams⁸²: Social, Emotional, and Mental health; Autism; Communications and Learning Difficulties; and Sensory and Physical Impairment. The teams provide specialist teaching, advice, and training to schools, early years providers, and families to support children and young people with SEND.

5.1.4 Services supporting parents with learning disabilities

All children in the UK are eligible for five Health Visitor checks by the time they are 2.5 years old. Each check assesses need, and families are triaged onto either a universal, targeted, or specialist pathway accordingly. Parents/carers with learning disabilities would be likely to be on a targeted or specialist pathway for more intense support, with Health Visitors working alongside Social Workers where appropriate.

In Solihull, the Family Nurse Partnership (FNP) and Health Visiting service provide support to new parents who have learning disabilities. The FNP works with

⁸⁰ Solihull Metropolitan Borough Council [Special schools](#) Accessed April 2025

⁸¹ Solihull Metropolitan Borough Council [Additionally resourced provision](#) Accessed April 2025

⁸² Solihull Metropolitan Borough Council [Specialist Inclusion Support Service \(SISS\)](#) Accessed April 2025

adolescent parents/carers (who are 19 years and under, or 21 and under with experience of the care system, and up to 24 years in exceptional circumstances). The team includes an Early Intervention Health Visitor who offers enhanced Health Visiting to vulnerable parents/carers who are not eligible for, or do not wish to access, the FNP programme. The service manages a caseload of 40 families, compared with the typical Health Visitor caseload, which can be around 450 families. Outcomes for the Family Nurse Partnership programme and Early Intervention Health Visitors are positive, particularly considering the vulnerability of the families, and bespoke agenda-matching is undertaken to support parents/carers with autism and/or learning disabilities..

Birmingham Women's Hospital provides additional support to parents to be with Learning Disabilities and Autism as part of their maternity services offer.

5.1.5 Early Help support for autistic children and young people

Solihull Council's Early Help support for autistic children and young people and their families is currently limited to being signposted to workshops run by Autism West Midlands (AWM). This has resulted in a significant gap in early intervention, leaving families without timely and appropriate support.

Children's Services has agreed to lead on a commissioning arrangement for an Early Help autism pilot on behalf of the Mental Health, Learning Disabilities and Autism Provider Collaborative - Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT). The 12 month pilot, commencing October 2026, is designed to strengthen Early Help Autism provision by addressing existing gaps, which will improve support for children with autism and their families, and contribute to delivering a co-ordinated, evidence-based service.

This pilot aligns with Solihull's response to the national 'Giving Every Child the Best Start in Life' strategy, which sets out the government's ambition to improve child development with a focus on early intervention. It also directly aligns with the national Families First Reforms, which prioritise earlier, preventative, family centred support. It represents a strategic and time limited opportunity to stabilise the local autism pathway, improve outcomes for children, young people and families, and provide robust monitoring and evaluation needed to shape sustainable, long term commissioning intentions.

Delivered by Barnardo's, the programme will offer four key components:

- Cygnet Autism Programme for families and professionals
- Specialist Training Programme for families and professionals
- Autism Consultation Service for professionals
- 1:1 Family Work

The pilot's evaluation framework will assess its effectiveness to:

- Fill critical gaps in early autism support, reducing unmet need and preventing escalation to statutory services.
- Deliver timely, targeted intervention to families who would otherwise receive minimal or no Early Help support.
- Strengthen referral pathways and system coordination, improving access and reducing duplication across agencies.
- Build system-wide autism expertise, upskilling Solihull's Early Help workforce and increasing capacity for high quality, autism informed practice.
- Generate robust monitoring and evaluation to inform future commissioning decisions and determine the long term sustainability of a specialist Early Help autism offer.

5.2 Transition from Children to Adult Services

In Solihull, the Adult Transitions Team starts to work with young people and their families when they reach 14 years of age to identify if they are likely to require transition to and support from adult social services in the future. If the young person qualifies for Adult Social Care services, a support plan will be created, and they will

transition to Adult Social Care around their 25th birthday, at a time deemed most suitable for their individual needs^{83 84}.

Data from the Adult Social Care Liquid Logic system presented in Table 8 shows the number of individuals with learning disabilities and/or autism who began receiving adult services at age 18, providing a clear picture of demand at the point of transition. Most of these new starters have a primary support reason recorded as learning disability, with smaller numbers for autism or both conditions. These patterns underline the importance of early and robust transition planning and highlight the need for flexible services that can respond to fluctuations in demand.

Table 8 Number of individuals who started receiving adult social care services at age 18 over the past five financial years

Year Start	All Starters	Learning Disability	Autism	Learning Disability and Autism	Other
20/21	17	11	1	0	5
21/22	32	16	8	2	10
22/23	27	15	4	1	9
23/24	20	9	1	0	10
24/25	35	18	0	0	17

5.3 Adults

5.3.1 Accommodation and Housing

As presented in section 3.2.4, the majority of those who are supported by Adult Social Care services live in the community, with a smaller proportion living in residential care, and a very small proportion living in nursing provision.

Solihull's approach to housing for adults with learning disabilities and autism reflects national priorities for independence, choice, and inclusion. The Council commissions and supports a wide range of accommodation options working with housing associations, voluntary sector organisations, and specialist providers. These

⁸³ Solihull Metropolitan Borough Council [Adults Transitions Team](#) Accessed March 2025

⁸⁴ Solihull Metropolitan Borough Council [Preparing for adulthood](#) Accessed March 2025

services aim to reduce reliance on institutional care and enable people to live in ordinary homes within their communities.

Residential care continues to support those with complex needs who cannot live independently. Solihull manages five CQC-registered locations in partnership with Solihull Community Housing. While this mirrors national trends, policy guidance emphasises reducing reliance on residential care in favour of community-based models. Supported living schemes are central to this shift, enabling people to live in their own homes or shared accommodation with tailored support. This aligns with national best practice under NHS England's Building the Right Home guidance⁸⁵.

Shared Lives offers a family-based alternative, where adults live with approved carers. In Solihull, the scheme is delivered by Shared Lives Birmingham. While highly rated by CQC and cost-effective, uptake remains low locally and nationally⁸⁶.

As of April 2025, 380 adults and children with a learning disability or autism were living in supported living or residential care services across Solihull. These included five residents in nursing permanent placements, 143 in residential permanent placements, 209 in supported living, and 23 within children services. These figures have remained broadly stable over the previous two years (see Figure 10).

⁸⁵ NHS England [Building the right home: NHS housing capital guidance](#) Accessed 12 November 2025

⁸⁶ Local Government Association [Developing Shared Lives for people with a learning disability](#) Accessed 12 November 2025

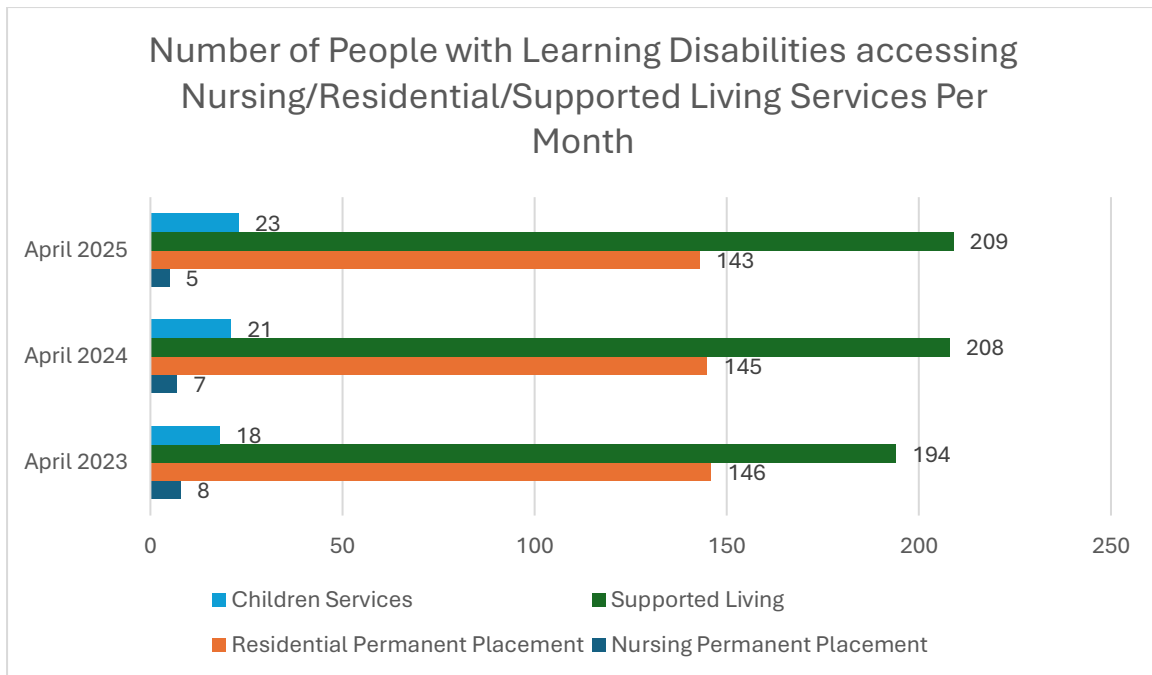


Figure 10 Number of Nursing/Residential/Supported Living Services open to People with Learning Disabilities Per Month
(Source: Solihull Metropolitan Borough Council Resource Directorate)

5.3.2 Employment

Solihull has taken significant steps to improve employment opportunities for people with learning disabilities and autism. Historically, the borough was among the lowest 25% of local authorities for supported employment, but a corporate-wide response has transformed this position. The Council created 17 new permanent, meaningful roles specifically for adults with disabilities, moving Solihull into the upper quartile nationally. Alongside this, a Supported Internship programme for young people aged 18–24 with Education, Health and Care Plans has achieved a high conversion rate into paid employment, with 70% of participants securing jobs.

Further innovation includes leading a Supported Employment pilot, one of only 20 local authorities nationally, which tested the approach of placing councils at the centre of collaboration between Adult Social Care, the Department for Work and Pensions, and voluntary sector organisations. The pilot exceeded expectations, with 35% of participants moving into work and 100% sustaining employment. Solihull has also rolled out the Connect to Work programme, providing intensive support for people with learning disabilities and health conditions to find and maintain employment.

The Council also delivers the Specialist Employment Support contract, previously commissioned externally, to assist residents in receipt of Adult Social Care packages to access work opportunities. Engagement with the community and voluntary sector remains central, commissioning interventions where other organisations are best placed to deliver. Experts by Experience started supporting vocational profiling for SEN and neurodiverse residents at the end of 2025. Work is now underway to secure this provision for the next three years of Connect to Work delivery, with a particular focus on enhancing support for residents experiencing mental health challenges and anxiety.

5.3.3 Primary and secondary care services

5.3.3.1 Autism assessments

There is a commissioned service for adults over 18 years to access Autism Assessments via their GP. Waiting lists are currently significant with the average wait for Solihull citizens at 111 weeks in December 2025.

5.3.3.2 Annual Health Checks for People with Learning Disabilities

NICE recommends that all children, young people over the age of 14, and adults with a learning disability receive an annual health check to identify and manage physical health problems at an early stage⁸⁷. Nationally, uptake of annual health checks for people with learning disabilities reached 79.6% in 2023/24, exceeding the NHS Long Term Plan target of 75%^{88 89}. However, it is estimated that only approximately 26% of people with a learning disability in England are on the learning disability register, meaning many may be prevented from accessing these checks⁹⁰.

In Solihull, annual health check data for those on the learning disability register is provided for two age groups: 14-17 years and those aged 18+ years (see

Table 9). From 2022/23 to 2023/24 there has been a small decrease in uptake, but in 2024/25 78.9% of eligible residents received a health check – above the national

⁸⁷ NICE [The learning disability health check programme | NICE](#) Accessed March 2025

⁸⁸ NHS [NHS Long Term Plan » Learning disability and autism](#) Accessed March 2025

⁸⁹ NHS England Digital [Health and Care of People with Learning Disabilities, Experimental Statistics 2023 to 2024 - NHS England Digital](#) Accessed March 2025

⁹⁰ Nuffield Trust [Preventing people with a learning disability from dying too young](#) Accessed March 2025

75% target. This suggests that whilst Solihull is doing well to remain above the set target, more work needs to be done to understand what is identified and followed up in annual health checks. This is of particular importance given the marked life expectancy gap.

Each Annual Health Checks should be accompanied with a Health Action Plan if required to support improved health. From 2026-27, the NHSE guiding metric will change from the number of Annual Health Checks completed to the number of Annual Health Checks with accompanying Health Action Plan completed.

Information to support awareness and uptake of Annual Health Checks for people with a Learning Disability, their families/carers and for professionals has been developed and will continue to be shared across the system.

A Quality Assurance process for Learning Disability Annual Health Checks will be developed over the next 12 months to support improved quality and patient experience of checks and action plans as well as supporting sharing of good practice. Progress on this work will be reported to the Birmingham and Solihull Learning Disability and Autism Transformation Group.

Table 9 Annual health check data for patients registered with a Solihull GP

Age groups	2022/23			2023/24			2024/25		
	14-17	18+	Total 14+	14-17	18+	Total 14+	14-17	18+	Total 14+
Number on LD Register	102	1201	1303	101	1203	1304	126	1650	1776
Number received a health check	70	983	1053	60	929	989	105	1296	1401
Coverage (%)	68.6	81.8	80.8	59.4	77.2	75.8	83.3	78.6	78.9

5.3.3.3 Screening services

People with a learning disability are less likely to take part in NHS cancer screening⁹¹ than those without. Nationally in 2022–23, just over half of eligible people with a learning disability participated in bowel cancer screening, compared to two-thirds of those without. In terms of breast cancer screening 47% of eligible women with a learning disability were screened, compared to 61% without, and in terms of cervical cancer screening only 31% of eligible women with a learning disability took part, compared to 66% without⁹².

These participation gaps remained stable over the five years prior to this data, with breast cancer screening rates consistently about 15 percentage points lower and cervical cancer screening rates about 36 percentage points lower for people with a learning disability⁷⁷.

In Solihull in 2024 the cancer screening coverage rates were as follows⁹³:

- Cervical cancer – 70.5% (England 66.1%)
- Breast cancer – 70.5% (England 69.9%)
- Bowel cancer – 74.7% (England 71.8%)

No data were available specifically for Solihull residents with learning disabilities. This finding is being shared with the Solihull Health Protection Board and will inform their efforts, alongside NHS England, to improve the uptake of screening programmes.

5.3.3.4 Mental health services

Within Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) there are specialist services for adults with a Learning Disability and/or Autism where mental health is their primary need. These include the newly developed Autism Enhanced Support Team. As part of the Birmingham and Solihull Transformation Group delivery

⁹¹ NHS cancer screening eligibility: Cervical (women 25–49 every 3 years; 50–64 every 5 years), Breast (women 50–70 every 3 years; earlier if high risk), Bowel (men and women 60–74 every 2 years; age gradually lowering to 50).

⁹² Nuffield Trust [Preventing people with a learning disability from dying too young](#) Accessed March 2025

⁹³ Birmingham Health and Wellbeing Board [Annual Review 2023-2024: Indicator Updates](#) Accessed August 2025

plan, there is an action to monitor demand on this service as well as its effectiveness.

5.3.3.5 Community-based support services

Coventry and Warwickshire Partnership Trust is commissioned to provide community support to people with a Learning Disability who have additional health needs. This includes health facilitation, access support and respite services. It is recommended that the level of activity and impact of this service are formally evaluated to ensure it is meeting local need and delivering positive outcomes.

5.3.4 Adult Social Care

In Solihull, 54% of adults aged 18-64 receiving long-term social care support have a learning disability and autism. Across all ages, this cohort makes up about one in five people receiving support⁹⁴. In 2024-25, 678 residents with learning disabilities and autism accessed Council provision, an increase from 608 in 2020-21⁷⁹ (see Figure 12). This growth is greater than expected from population projections alone, indicating additional pressures beyond demographic change.

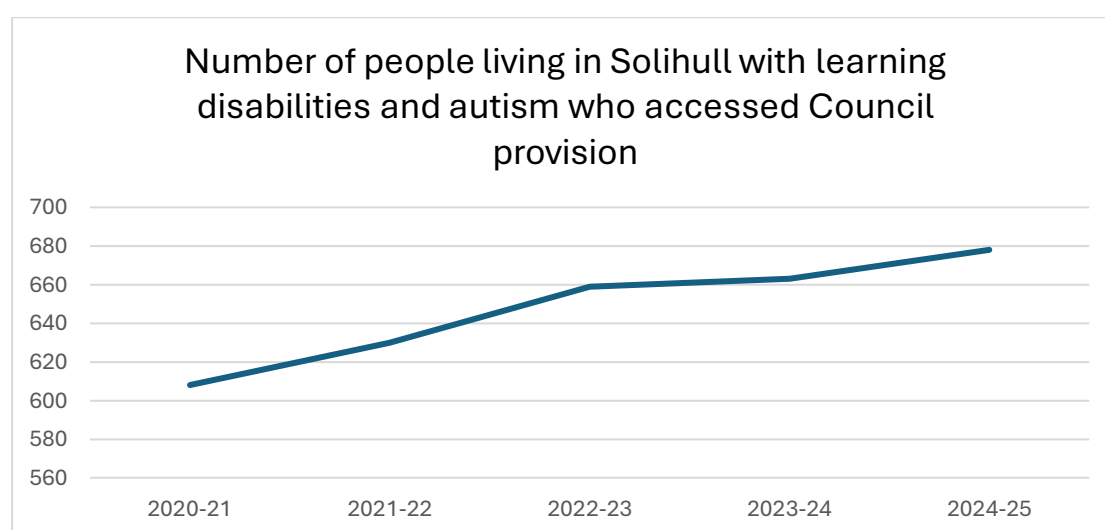


Figure 12 Number of people living in Solihull with learning disabilities and autism who accessed Council provision during 2020-21 to 2024-25 financial years ⁷⁹ ⁹⁴

Analysis of individuals beginning to receive Adult Social Care support shows that while just over half of people with learning disabilities enter services at the traditional transition age (18–25), a substantial proportion begin much later in life (see Table

⁹⁴ Solihull Metropolitan Borough Council Adults Social Care Liquid Logic data for 2024/2025

10). Between 2021 and 2024, 109 individuals started accessing services after age 25, including 26 aged 35–45 and 29 aged 45–55. These later-life transitions often occur when family carers can no longer provide support or when individuals seek greater independence. This trend, combined with changing expectations and previously unmet needs, is contributing to sustained demand for Adult Social Care.

Table 10 Age Distribution of All LD Starts (2020 - October 2025) sourced from Adult Social Care Liquid Logic data

Age range	Number or starts for people with learning disability
18 - 25	122
25 - 35	25
35 - 45	26
45 - 55	29
55 - 65	26
65 - 75	17
75 - 85	2
85 - 95	1

Net annual increases in the number of people with a learning disability range from +23 to +42, compared to minimal growth or decline for autistic people only (see Table 11). The average age of people becoming known to Adult Social Care with a learning disability is in the mid-30s, highlighting the need for flexible services that can support individuals both at the traditional transition age and later in life when circumstances change (see Table 11).

Table 11 New Starters, Leavers, and Average Age of Change (Learning Disability and Autism) sourced from Adult Social Care Liquid Logic data. N.B. The most common reason for people leaving services is end of life, although departures may also occur due to individuals choosing to move out.

		Number of unique people				Average age at change			
		2021	2022	2023	2024	2021	2022	2023	2024
Starts	LD	44	42	64	52	36	34	38	36
	Autism	6	9	3	0	26	23	25	-
	Dual	12	10	10	2	40	30	26	22
Ends	LD	20	19	22	21	55	38	47	44
	Autism	3	4	3	6	26	38	37	39
	Dual	7	13	5	8	38	34	48	5

Net	LD	24	23	42	31				
	Autism	3	5	0	-6				
	Dual	5	-3	5	-6				

Table 12 shows the services that Adult Social Care fund for those living with learning disabilities and autism in 2025 (NB some residents receive more than one service).

Table 12 Services provided by Adult Social Care and number of residents receiving them, 2025

Service	Number of people receiving service
Assistive Technology	34
Care at Home	56
College	4
Day Care	105
Direct Payments	261
Extra Care	6
Nursing Permanent	1
Other ^a	8
Reablement	12
Residential Permanent	128
Residential Short	2
Shared Lives	9
Supported Living	195
Transport	41
^a This categories include repair/cleaning costs for regular damage	

5.4 Services for all age groups

5.4.1 Voluntary and Community Support

Solihull Council commissions Social Life Opportunities (SOLO), a charity which provides support to adults and young people with learning disabilities⁹⁵.

⁹⁵ SOLO [Social Life Opportunities | SoLO Helping People with Learning Disabilities](#) Accessed April 2025

The Birmingham and Solihull Mental Health, Learning Disability and Autism Provider Collaborative commissions Autism West Midlands, Solihull Action through Advocacy, Barnardo's, and Landau to provide support and information for local autistic people and citizens with a learning disability. This includes advice and guidance, signposting, community inclusion and an autism service directory. It also commissions the Autism in Schools project for school-age children. In 2026-27 additional services will be commissioned to continue health investment in community prevention and early help for individuals and their families/carers.

In addition to commissioned services, a variety of voluntary and charitable organisations in Solihull offer support to people with learning disabilities. These include organisations that offer sporting activities, social activities, and complimentary therapies.

5.4.2 Services for carers and families

In Solihull, 11.7% of residents provide support to a family member or friend, higher than the England average of 10.2%⁹⁶. This equates to an estimated 25,000 carers locally, although only around 4,500 are currently known to and supported by services. This gap highlights that a significant proportion of carers may not identify themselves as carers or are not accessing available support. This can be due to caring responsibilities being perceived as manageable, or because the person they support does not meet eligibility thresholds for formal care. As a result, carers may not recognise their role or seek support. Ongoing awareness-raising activity, including targeted campaigns and initiatives such as Carers Week, aims to improve identification and access to support.

Carers Trust Solihull is a charity commissioned to deliver free support to carers of all ages in Solihull. Services include advice, information, training, emotional and practical support, and opportunities for respite⁹⁷.

⁹⁶ Solihull Metropolitan Borough Council. [Solihull Carers' Strategy 2022 to 2027](#) Accessed May 2025.

⁹⁷ Carers Trust Solihull. [Home - Carers Trust Solihull](#) Accessed May 2025.

A 2025 review of carers known to the Trust assessed the needs of those they support. Out of 4,500 people supported, autism was the highest single category with nearly 900 responses, followed by learning disabilities with over 800.

The Solihull Carers Partnership Board and Carers Strategy provide oversight and direction for improving outcomes for carers, including strengthening identification, improving access to support, and ensuring carers' needs are recognised across services. This includes a focus on identifying carers and enabling earlier access to support through partnership working across health, social care and community services.

5.4.3 Advocacy services

Statutory parental advocacy is independent support required or enabled by law for parents involved in child protection proceedings. This advocacy helps parents to understand complex processes, participate effectively, and have their views represented in formal decision-making that affects their child.

Solihull Council commissions Solihull Action through Advocacy (SATA) to provide advocacy services for residents with learning disabilities and/or autism. SATA is an independent charity which aims to empower and enable people to have more choice and control over their lives and to make any changes they wish to⁹⁸. Through this contract, the Council also fulfils its statutory duties to provide Care Act Advocacy, Independent Mental Health Advocacy, and Independent Mental Capacity Advocacy, supporting people with learning disabilities and autism to be fully involved in decisions about their care. SATA also provides Parents Advocacy services for adults with learning disabilities involved in child protection proceedings⁹⁹. In 2024/25, out of 193 referrals to SATA, 29 parents had a learning disability (see Table 13).

Overall referral numbers appear low in the context of the wider population with learning disabilities and autism. However, this is consistent with the fact that advocacy is typically required at specific points of statutory intervention, such as

⁹⁸ SATA [About SATa — Solihull Action through Advocacy](#) Accessed April 2025.

⁹⁹ SATA [Parents — Solihull Action through Advocacy](#) Accessed May 2025.

during care proceedings or where individuals face substantial barriers to engagement. Provision is therefore largely demand-led and responsive to need.

Table 13 SATA referrals 2024/25

2024-2025 Quarter	Q1	Q2	Q3	Q4
Total number of appropriate referrals received (parents with LD/Autism)	6	5	9	4
Total number of parents with LD/Autism being supported each quarter	33	27	30	20

6 Stakeholder Engagement

Stakeholder engagement for this needs assessment was carried out by sharing draft copies of the report and verbally presenting the main findings at the June 2025 meetings of the Autism Partnership Board and the Learning Disability Partnership Board. A survey on the language used and the report's findings was distributed to members. Verbal feedback and the survey confirmed that members of the Boards were satisfied with the terminology and definitions used for learning disability and autism, and that the recommendations appropriately reflected the report's findings.

7 Recommendations

System-wide actions arising from this needs assessment will be captured in an action plan and its oversight will be through the Transformation Group. Solihull Council-level actions will be progressed through existing council and partner programmes, with directorate-specific actions owned within individual directorates through their established governance arrangements.

7.1.1 Demographics and Demand

- Plan for sustained growth in adult social care demand: The number of residents supported has increased by 36% in five years, driven not only by population change but also by changing expectations for independence and later-life transitions.
- Ensure provision can respond to both early and later-life transitions, including support when family carers can no longer provide care.

7.1.2 Health and Wellbeing

- Work with health partners to implement Oliver McGowan training and strengthen the LeDeR review processes to reduce the life expectancy gap.
- Incorporate findings from mortality reviews into care planning, particularly around nutrition, hydration, and aspiration pneumonia prevention.
- Monitor the effectiveness of the Healthy Active Lives redesign for this cohort, enabling us to demonstrate the impact and effectiveness of the new approach.

- Support development of a Quality Assurance Process for Learning Disability Annual Health Checks in Primary Care.

7.1.3 Children and Young People

- Align with SEND reforms and Neurodevelopmental Pathway redesign and ensure future service planning reflects national policy changes.

7.1.4 Adults and Later Life

- Work with partners to improve settled accommodation options and to reduce reliance on care homes. Ensure housing is considered early in transition planning.
- Build on Solihull's positive trend in supported employment and continue to monitor local performance data to sustain growth.

7.1.5 Data and Intelligence

- Consider collecting additional data on learning disabilities and autism across health and employment systems. This would enable better monitoring of inclusivity.
- Capture local cancer screening data participation rates for people with learning disabilities and autism to enable better inclusion.
- Improve local domestic abuse data by standardising how disability is defined and recorded across all partner organisations. Ensure learning disabilities and autism are recorded as mandatory, distinct fields to enable consistent reporting and better analysis.
- Enhance EDI data: Work with health partners to access GP register data to provide a more comprehensive picture of the population beyond those receiving social care support.
- Support development of a local service directory for citizens and professionals to be able to refer to and share easily. This is currently being developed in partnership with Economy & Infrastructure Directorate and wider stakeholders, with the Assistant Director for Communities & Partnerships leading this work.

7.1.6 Stakeholder engagement and report circulation

To inform strategic planning and operational delivery, the report will be shared with the following boards and stakeholder groups:

- Autism Partnership Board
- Learning Disability Partnership Board
- Domestic Abuse Partnership Board
- Public Health Services Board
- Joint Additional Needs Delivery Group
- Directorate Leadership Teams (Public Health, Adult Social Care, Children and Young People)

Their feedback will contribute to the development and implementation of the action plan.