



Get into the swing with forest school
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A neurodiversity advocate suggests strategies for teachers in the classroom



Not only beautiful, but powerful too
Using saffron and other natural approaches for helping children with ADHD

Autism|eye

For parents and professionals

Issue 55
Autumn 2024

Burnout Spot it. Stop it

Classrooms designed for autistic children

When caring means despairing

Metabolism: a new frontier for research

New schools and supported living sites



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Buying a home for your child

Trauma of misdiagnosis

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September - December 2024



Antony & Cleopatra



The Comedy Of Errors



Coriolanus



Eva Recacha -
The Picnic



A Face In The Crowd



The Gruffalo



The Mad Hatter's
Tea Party



Matilda The Musical



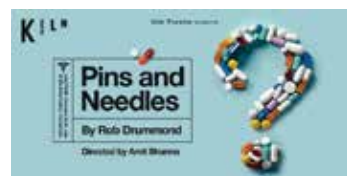
The Nutcracker



Odd And The
Frost Giants



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Pins And Needles



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Room On The Broom



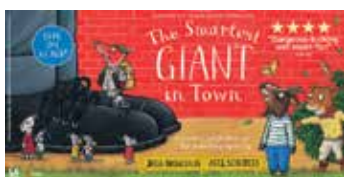
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Stella Chadwick
Nutritional therapist



Sir James Munby
Retired judge



Hannah Otoo
School founder



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Policy director



Sarah Walsh
Psychologist

We've come a long way



Gillian Loughran

Our community has come a long way in understanding how the demanding society in which we live impacts autistic people. Our front cover highlights autistic burnout, a little-talked-about condition that adults on the spectrum such as Joe Fautley think should be better known. You can read Joe's experience and how to spot and deal with burnout and other stress-inducing issues on page 50.

Burnout among our community's army of carers has also long been ignored. There are shocking statistics on page 36 about the despair carers suffer to such an extent that some try to take their own lives. Financial hardship, isolation, relationship breakdowns and mental and physical illness on top of looking after disabled or seriously ill children is all evidence of the state's sheer neglect of unpaid carers.

Losing their lives to years in hospital is the experience of women misdiagnosed as having a personality disorder when all along they had autism. Their wrong diagnosis, they say on page 14, has traumatised them.

Early – and correct – diagnosis is crucial for the wellbeing of autistic people, and on page 18 Dr Ben Marlow reports on research that has revealed how using metabolic markers in childhood may lead to early diagnosis and targeted therapy for youngsters.

We never cease being impressed by the increasing number of people who are making great strides in promoting the well-being of autistic children in schools and colleges across the UK. On page 32 you can read how school staff are embracing forest schools in response to evidence that our children do better spending time in the natural world.

Classrooms have long been a source of great stress for autistic children, especially if they have fluorescent lights, noisy flooring, narrow corridors and other overwhelming stimuli. On page 20 we look at what makes an autism-friendly classroom, and how to organise an ordinary classroom space to accommodate autistic pupils.

We appreciate the many autistic people, families and professionals who keep us informed of all the good and bad that is happening in our community. Please get in touch if there is something you think we need to cover in Autism Eye. Until the next time...



Gillian Loughran FRSA,
Editor

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‘Clear action needed’ to help carers

A charity has called for “clear and decisive action” from the new UK Government to improve carers’ lives.

Carers UK issued the call amid mounting concerns about the Department for Work and Pensions (DWP) using bailiffs to recover Carer’s Allowance overpayments.

Disability minister Sir Stephen Timms insists the new Labour government is now “moving quickly to understand exactly what has gone wrong, so we can set out a plan to put things right”.

Carer’s Allowance rules say those claiming the benefit, worth £81.90 per week, must care for their loved one for at least 35 hours a week. Also, they are allowed to earn no more than £151 per week on top of the Carer’s Allowance. Up to 34,000 people breached the earnings limit last year, according to the charity.

Charities and campaign groups have highlighted what they see as cruel DWP prosecutions of carers who have unintentionally gone fractionally over the earnings limit.

Carers UK has met with Timms to push for reforming Carer’s Allowance.

Helen Walker is chief executive of the charity. She wants the rules eased to 21 hours per week at the national living wage (£240.24). She also wants the Carer’s Allowance ‘cliff edge’ removed. This is where those who go a penny over the £151 per week earnings limit lose the benefit in full.

She said: “Carers have waited long enough for change. Now we need to see clear and decisive action to improve carers’ lives.”

Speaking after his meeting with Carers UK, Timms said the country would “grind



Helen Walker:
“Carers have waited long enough”

to a halt” without the contribution made by millions of people who care for others.

He added that he is “determined to provide unpaid carers with the support they deserve”.

Umbilical cord blood holds clue to the severity of autism, says study

Scientists believe they have identified a compound in umbilical cord blood that has a strong impact on the severity of autism.

The researchers believe the levels of fatty acid metabolites found in cord blood are linked to social interaction and repetitive behaviours. Fatty acids function as cells’ building blocks, generating energy and sending signals to the brain.

Professor Hideo Matsuzaki (inset), of Fukui University in Japan, led the researchers. They analysed the fatty acid levels in the umbilical cord blood of 200 children. They assessed the children again at six years old with the help of their mothers.

The scientists concluded that metabolites derived from arachidonic acid during pregnancy are important in a child’s developmental trajectory after birth. High levels of these metabolites impact autism symptom

severity ‘significantly’, the team found.

Professor Matsuzaki said detecting autism at birth “could enhance intervention and support for children”.

And he said inhibiting these metabolites during pregnancy “might be a promising avenue for preventing ASD (Autism Spectrum Disorder) traits in children, although more research will be

needed in this regard”.

In a statement, biomedical charity Thinking Autism said the work may “help shed some light on the complex pathophysiology of autism”.

The charity said it hoped the research would lead to the “development of effective treatments, thereby helping improve quality of life for individuals with autism and their families”.

The researchers published their findings in the journal *Psychiatry and Clinical Neurosciences*.



Care home abused and unlawfully restrained patients, inspectors find

Residents were harmed and sometimes subjected to ‘excessive’ force at a care home rated ‘inadequate’ by inspectors.

Staff at The Hall, in Hamstreet, near Ashford in Kent, ‘unlawfully restrained’ residents with autism and learning disabilities and did not use de-escalation, the Care Quality Commission (CQC) found.

Workers at the residential care home lacked the ‘competence and skill’ to support people positively. The watchdog also identified ‘widespread’ and ‘multiple’ concerns. One resident had unexplained bruising on their arm. No one had reported it to a social worker or family members. Another relative told inspectors there was

unexplained bruising on their family member too.

The CQC highlighted nine incidents of abuse by workers. These included unlawful restraints and incidents between people and involving staff.

The Hall is registered to care for children and adults and can accommodate a maximum of 10 people.

Natalie Reed, the CQC’s deputy director of operations for the south, said the home, run by care company Nexus Programme, was a “chaotic environment” where there were “frequent” incidents.

Reed added: “We expect to see rapid and widespread improvements and will continue to monitor people living at The Hall closely to keep them safe.”

Mental health services a ‘ticking time bomb’ forcing people into hospital

A report by the Care Quality Commission (CQC) has slammed the treatment of autistic people and those with a learning disability in the UK’s mental health services.

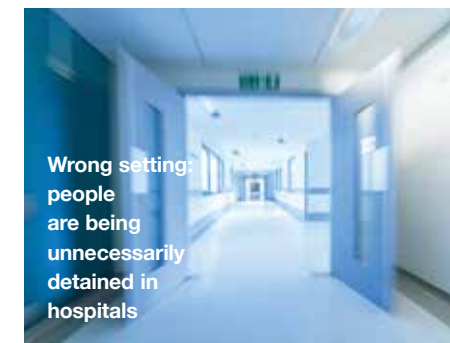
The annual *Monitoring the Mental Health Act* report has highlighted the lack of suitable accommodation within the community.

The CQC said this has led “to people, particularly autistic people and people with a learning disability, being unnecessarily detained in hospital”.

The report also highlighted the significant number of autistic patients and those with a learning disability being placed far from home, some for years at a time.

The CQC also points to the way many children receiving care have been placed in the wrong settings, such as adult wards or general children’s wards. This added to their distress.

The report also highlights the shocking state of mental health services across the



UK. It claims the number of young people waiting for mental health treatment has increased by a staggering 20,000 this year, up from half a million in 2023.

Chris Dzikiti, director of Mental Health at the CQC, described the situation as a “ticking time bomb” and promised the organisation would work to “mitigate issues of unequal and inappropriate treatment”.

According to Dzikiti, children wait an average of 40 days to access care.

Often, the wait is much longer. Many have reported a deterioration in their mental health while waiting, and some have attempted to take their own life.

The CQC’s report was produced following conversations with 4,515 patients and 1,200 carers, as well as people with experience of being detained. It found a lack of staff is increasing the risk of inappropriate restraint. This was a practice that autistic people and their carers often reported.

Working with the British Institute of Learning Disabilities, the CQC highlighted the impact of staffing shortages. This problem could make it “extremely challenging to deliver personalised high-quality care”.

The CQC recommends a larger, permanent workforce to reduce pressures on overburdened healthcare workers.

It says there should be better community support and consistent funding to help struggling providers.

Medics fail autistic and LD patients

Pain can express itself as self-harm and be missed because of diagnostic overshadowing in people with autism and a learning disability, according to new research.

Diagnostic overshadowing happens when medics automatically attribute a person’s symptoms to their autism or learning disability without assessing for other health problems.

The new research suggests educating dentists to make reasonable adjustments to mitigate diagnostic overshadowing.

Dental specialist Mona Yekezare (inset), based at the Royal London Hospital, led the research team. She said dentistry degrees should include awareness of diagnostic overshadowing so



new medics have the right “knowledge and mindset”.

She said there is no “clear information” on the prevalence of the problem in dentistry and medicine.

The Health and Care Act 2022 required that medics undergo training in autism and learning disabilities appropriate to their roles.

Yekezare said many dental services are adopting the Oliver McGowan training to help them tackle diagnostic overshadowing. This was introduced in the wake of the death in NHS care of 18-year-old Oliver in 2016. He had a learning disability, autism, cerebral palsy and epilepsy.

The teenager was given antipsychotic medication against his wishes and those of his family.

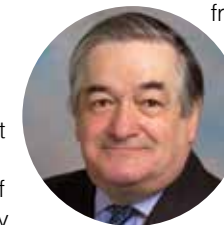
Ex-judge blasts deprivation of liberty safeguarding orders

A retired judge says the growing use of deprivation of liberty (DoL) safeguarding orders is symptomatic of a “catastrophic failure” to provide suitable care for children with complex needs.

Sir James Munby (inset) said the UK Government has failed to address the lack of suitable care in any effective way.

DoL orders allow the High Court to lock up children in unregulated placements when beds are unavailable on mental health wards or at regulated children’s homes.

Munby, a former president of the family division of the High Court, shared his views in *The Guardian*. He said DoL orders should only be used as a last resort. However, they had now



become “the norm”. Last year, there were as many as 1,368 applications for DoL orders. A few years ago, the number of applications was considerably lower. Data from the Children and Family Court Advisory and Support Service (Cafcass) for England, covering 2020/21, showed 579 applications that year.

Munby recounts how, in August 2017, he did what he could for a 17-year-old girl. She was self-harming, had a history of suicide attempts and needed a therapeutic unit when none could be found.

The former judge wrote that the case was “disgraceful and utterly shaming”. He accused the Government of doing “nothing” to improve the situation.

Government ‘must fix Carer’s Allowance’

A charity has called on the new Labour government to overhaul the “grossly unfair” Carer’s Allowance.

The Carers Trust says if the new UK Government is serious about growing the economy, the broken Carer’s Allowance system must change. Labour has said kickstarting economic growth to boost living standards is its top priority.

Dominic Carter, the Carers Trust’s policy director, stressed that Carer’s Allowance is the lowest benefit of its kind. Only those providing care for at least 35 hours a week and earning less than £151 per week can claim it.

Carter said the rules mean “it’s almost impossible for someone to combine work and caring if they claim Carer’s Allowance”.

Before the election, Labour promised to look at Carer’s Allowance following thousands of controversial prosecutions of carers who had exceeded the earnings limit. Prime Minister Sir Keir Starmer said the benefits system had to be fair to those providing the care.

The Department for Work and Pensions (DWP) has come under fire for targeting carers who had inadvertently gone over the earnings limit.

Campaigners say carers save the Government £162 billion a year. This is almost as much as the NHS’s £181.7 billion budget for 2022/23.

Vivienne Groom, from Tarvin, near Chester, was among those the DWP prosecuted. The DWP took her £16,000 inheritance from her 91-year-old mother,



Dominic Carter: work and caring “almost impossible” on the benefit

Maud, after she admitted failing to declare part-time earnings. The 59-year-old carer insisted a social worker told her she did not have to declare the work and it was an honest mistake.

The DWP said the new Government’s position on Carer’s Allowance will become clearer in the near future.

Mum slams adult mental care for teens after son takes his own life

The mother of a teenage boy who took his own life after a spell in adult psychiatric care said no young person should experience these settings.

Dr Jane Macdonnell said autistic son Harris, 19, was afraid of returning to Huntlyburn House. It is a mental health facility at Borders General Hospital in the Scottish Borders.

Harris experienced a mental health crisis at just 16. Paediatrician Macdonnell, from near Melrose in the Scottish Borders, says though she had some concerns about her son’s struggles to form friendships, there were no obvious autistic traits.

The family were told he was admitted to Huntlyburn to “keep him safe”. But he ran away from the unit before a hospital car picked him up. He jumped out of the car when he realised it was taking him back and he suffered facial injuries. Harris then spent two months in an



Happier times: Harris Macdonnell with dad Dave

age-appropriate facility and received an autism diagnosis.

His mother maintains he never accepted the diagnosis. Macdonnell says she and her husband Dave have since learnt their son was probably suffering from alexithymia — an inability to express emotions.

He took his own life on August 19, 2020, after struggling with the loss of routine brought on by the Covid lockdown.

Macdonnell wants more age-appropriate mental health facilities to be available. She is also calling for better training, so staff know how to communicate with young autistic people who mask symptoms.

Scandal-hit hospital closure a ‘shambles’ as it remains open

A parent campaigner says the delayed closure of scandal-hit Muckamore Abbey Hospital in Northern Ireland is a “shambles”.

Glynn Brown says the closure of the facility, in County Antrim, is little more than a poorly planned cost-cutting exercise.

Run by the Belfast Health Trust, Muckamore is at the centre of the UK’s largest-ever police probe into the abuse of vulnerable patients. A public inquiry is also underway.

Retired prison officer Brown is the spokesperson for the families’ group Action for Muckamore. He supports the trust’s aim of moving patients into the community. He also thinks health bosses should have had a “good fallback position”.

Brown said Muckamore’s replacement facility, planned by the Trust, has only three beds and this would cause “chaos up the road”.

Muckamore treated hundreds of patients at its height and was set to close



Campaigner: Glynn Brown with son and former patient Aaron

in June. But Northern Ireland’s Department of Health announced it would delay the closure after failing to find community placements for its remaining patients. It was reported in February that 24 patients were still at the hospital.

Mike Nesbitt MLA, the Health Minister, said the resettlement process “can be complex”. Rushing it risked the “breakdown of individual community placements”. He added that the “direction of travel remains closure”.

Brown said Muckamore has admitted a new patient within the past few months while trying to resettle the existing patients.



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Scientists link autism to gut health

Researchers have linked the incidence of autism to gut health.

Scientists at the Chinese University of Hong Kong believe the findings could help develop a new diagnostic tool for autism. They found alterations in four gut microbes and highlighted 31 biomarkers that they say have "great potential" for diagnosing autism.

And they believe the findings could lead to potential treatments.

In a pilot study, the researchers showed that treating these changes in the gut alleviated the symptoms of anxiety in children on the autism spectrum.

Professor Siew Ng is the director of the university's microbiota centre.

She said the research was the first study to "demonstrate the robustness and utility of a non-invasive biomarker to diagnose and predict ASD (autism spectrum disorder) across different ages, gender and settings".

**Study leader:
Professor
Siew Ng**



The scientists examined stool samples from 1,627 children with and without autism aged between one and 13 to attempt to develop a diagnostic tool.

The treatment used by the research team involved boosting levels of

y-aminobutyric acid in the gut. When this neurotransmitter is depleted it can lead to sensory hypersensitivity and anxiety.

The treatment enabled the researchers to identify autistic children with up to 82 per cent accuracy.

The researchers trialled the treatment on 30 autistic children aged between four and 11 years for 12 weeks. They said the children showed a reduction in sensory and anxiety symptoms of between 15 and 20 per cent.

Biomedical charity Thinking Autism said the study adds to a "large body of evidence" that points to a link between autism and gut health.

In a statement, the charity said it hopes the study leads not only to a new diagnostic tool, but also to "treatments which could potentially improve quality of life for many thousands of people".

The study appeared in the scientific journal *Nature Microbiology*.



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■ To learn about availability at our new developments or to speak to our experts about support, visit our website: www.achievetogether.co.uk, email referrals@achievetogether.co.uk, or call 03301 755 332.

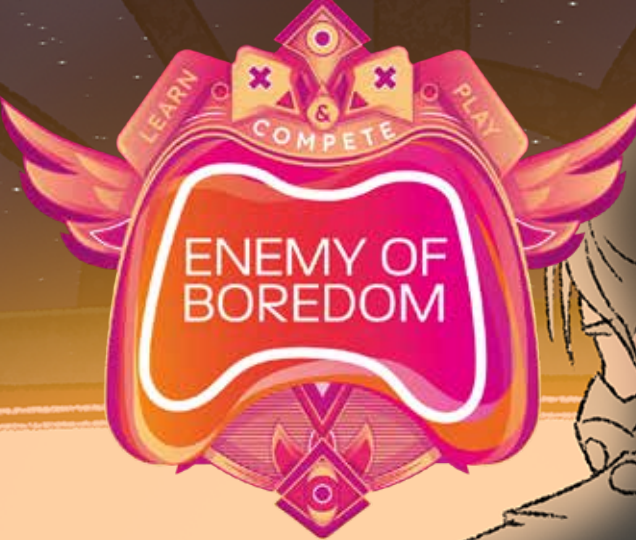
Help us raise funds for an outdoor trim trail

The Mount Camphill Community has launched a fundraising appeal to raise £35,000 for outdoor trim trail equipment in its grounds.



At The Mount, everyone is encouraged to maintain their health and well-being by being active and leading fulfilled lives by developing skills, accessing education and work and taking part in the site's cultural life.

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Traumatised by misdiagnosis

Imagine your autism is misdiagnosed as a personality disorder and you lose decades of your life to lengthy hospital stays and inappropriate treatments. Darren Devine looks at the experiences of late-diagnosed autistic women who say they were traumatised by practices that were intended to help them

Lucy spent almost 15 years in and out of psychiatric hospitals while struggling with the symptoms of what psychiatrists said was borderline personality disorder (BPD). Her twenties were lost to fights against self-harm and anorexia.

Now 46, much of what makes life worth living seems to have eluded her. She has never had a relationship or children. But Lucy, which is not her real name as she wishes to remain anonymous, says she began to overcome her struggles after realising that autism, not a personality disorder, was the underlying cause of her troubles.

Christine McGuinness

The realisation dawned on her after watching BBC documentary *Christine McGuinness: Unmasking My Autism*. Former model McGuinness explored her own late-diagnosed autism, and that of other women who felt their struggles had been overlooked.

Lucy's affinity with the women was strengthened by her belief that her father, who has been dead for more than a decade, was also autistic.

She believes her life might have been very different had medics, who told her as a 19-year-old that she had BPD, instead diagnosed autism. Lucy, from Kent, says: "I didn't meet people. I'm very scarred. It was like I was afraid that people wouldn't want me because I had all these scars. And also, it

was hard to meet people who are similar. Had I known I was autistic, I might have sought other men and partners who are autistic."

But Lucy's BPD diagnosis has not been removed from her medical records. And she does not believe another NHS psychiatrist would be willing to overturn a diagnosis made by a fellow medic. Lucy also maintains that it would be too

“

Her twenties were lost to fights against self-harm and anorexia”

expensive for her to challenge it via a private psychiatrist.

Her body weight is healthy, so she no longer has anorexia. She admits that she still, at times, self-harms, but is hopeful she can overcome this and move towards a more self-compassionate future following her autism diagnosis last May.

Zaynab Sohawon, who runs charity Emotion Dysregulation Autism, believes the personality disorder diagnosis can be slapped on "any young female who

presents with self-harm in the absence of psychosis or mania".

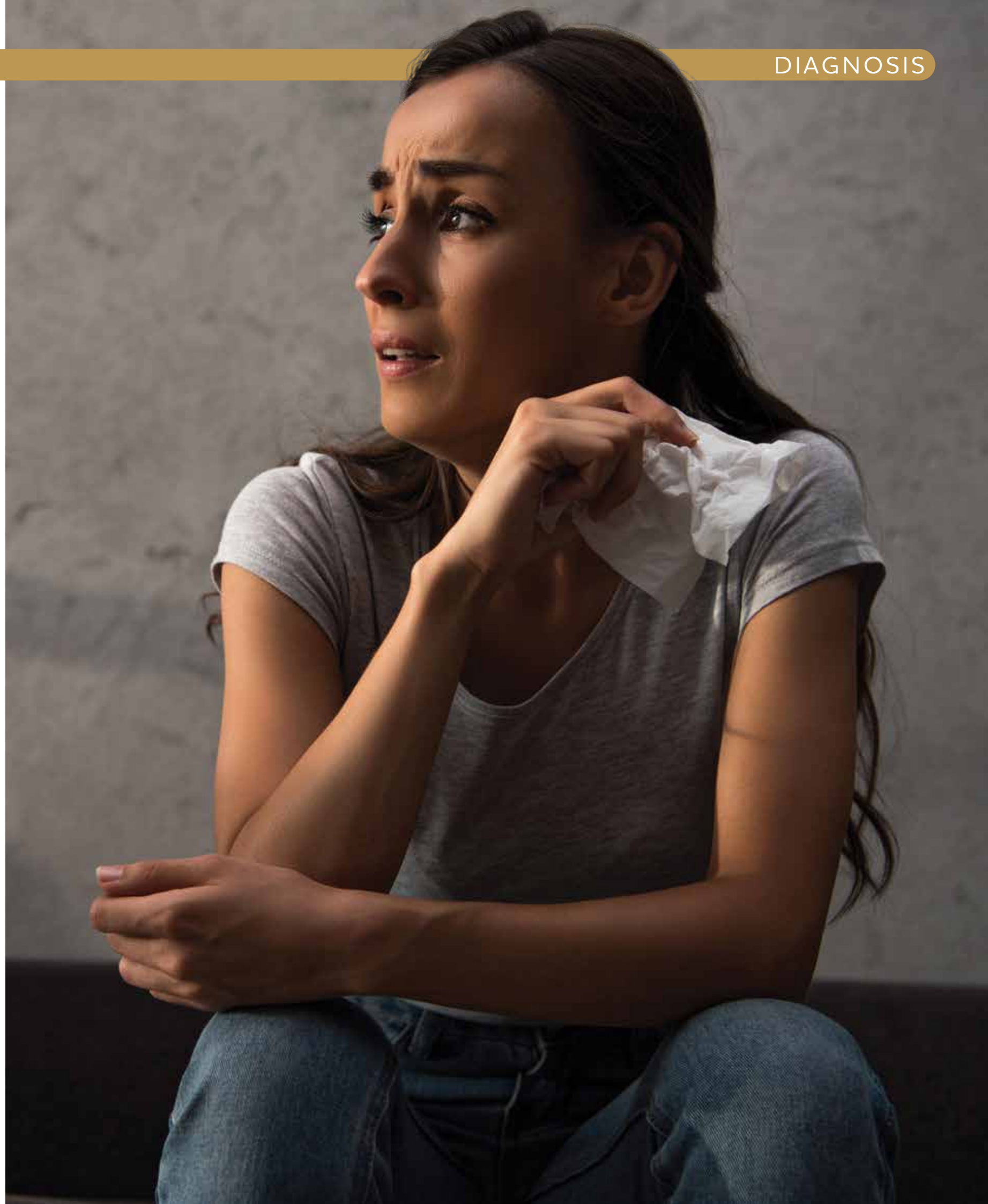
Sohawon, 23, from Birmingham, who has struggled with depression and self-harm since she was 11 years old and made several suicide attempts, says she was "given the label of personality disorder". She says: "It's disgusting that we live in a society that says that girls have personality disorder if they self-harm and struggle with emotions. I was hospitalised many times with the diagnosis."

Personality disorder

She was diagnosed with autism at 13 and a personality disorder three years later. The personality disorder diagnosis still lingers in her notes, she says, like an "unwanted smell". When *Autism Eye* contacted her she was being treated in a mental health hospital for a psychotic episode that she said medics blamed on her BPD.

But Sohawon thinks there are similarities between autism and personality disorders. She says overlapping symptoms can include emotional dysregulation, rejection sensitivity, the inability to distinguish facial expressions, extreme black-and-white thinking, and the failure to recognise bodily cues.

Research shows that autistic women learn to "mask" symptoms much better than boys so they fit in with peers, which can damage their mental health when the condition goes undiagnosed and untreated. Sohawon says she was >





Emotional dysregulation: Zaynab Sohawon says she does not have a personality disorder, but trauma from being failed by a system meant to support her



Importance of accurate diagnosis: Professor Suzanne Degges-White says medications and treatments for personality disorders can be damaging

“floor restrained” and injected with sedatives in hospital because of her personality disorder diagnosis. In an email, she added: “I don’t have a disordered personality. I just have trauma from the system that was meant to support me, which led to my emotional dysregulation becoming unmanageable.”

But research suggests that autism and personality disorder diagnoses are not mutually exclusive – in fact, scientists say it is possible, and not uncommon, to have both. In 2021, an Italian research team led by Dr Roberto Keller concluded that up to 50 per cent of autistic people have at least one personality disorder.

Hard distinctions

Given that, at times, the conditions can seem inextricably linked, how much sense does it make to draw hard distinctions around diagnosis and treatment? For example, if a young woman is self-harming and deemed a suicide risk, surely the treatment response will be much the same irrespective of which diagnostic label is applied – for instance, a mood-stabilising medication or talking therapy?

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Had I known I was
autistic, I might have
sought other men
and partners who
are autistic”

But psychiatrist Professor Suzanne Degges-White insists an accurate diagnosis is crucial. Writing in *Psychology Today*, she stresses that treatments for BPD are inappropriate for women on the autism spectrum and vice versa.

Degges-White, of Northern Illinois University, writes that dialectical behaviour therapy is a standard treatment to help people with BPD improve social skills and regulate emotions.

The treatment is not designed for autistic people, she says. Meanwhile, drugs used to treat BPD can be “deleterious” for those who are autistic, she maintains. She favours a behaviour-focused approach for autism, built around

improving sensory integration, communication and daily functioning, rather than psychotherapy and drugs. But she acknowledges that sometimes psychotherapy, such as cognitive behavioural therapy, might be suitable in autism for “some issues” and acknowledges medication can be used to treat other health issues that can co-occur with autism.

Degges-White writes: “Being misdiagnosed results in delayed treatment for the individual’s actual diagnosis and this lack of congruence between treatment and symptoms can lead to increased withdrawal from others and blaming oneself for not ‘getting better’ when the treatment doesn’t match the diagnosis.”

But in an email, Degges-White also stresses that it is important for women to avoid obsessively self-diagnosing without seeking help. She adds: “Too many TikTok videos seem to encourage the self-diagnosis of mental disorders that really only a professional clinician should be diagnosing.”

LINK:

● Emotion Dysregulation Autism:
<https://www.emotiondysregautism.org/>

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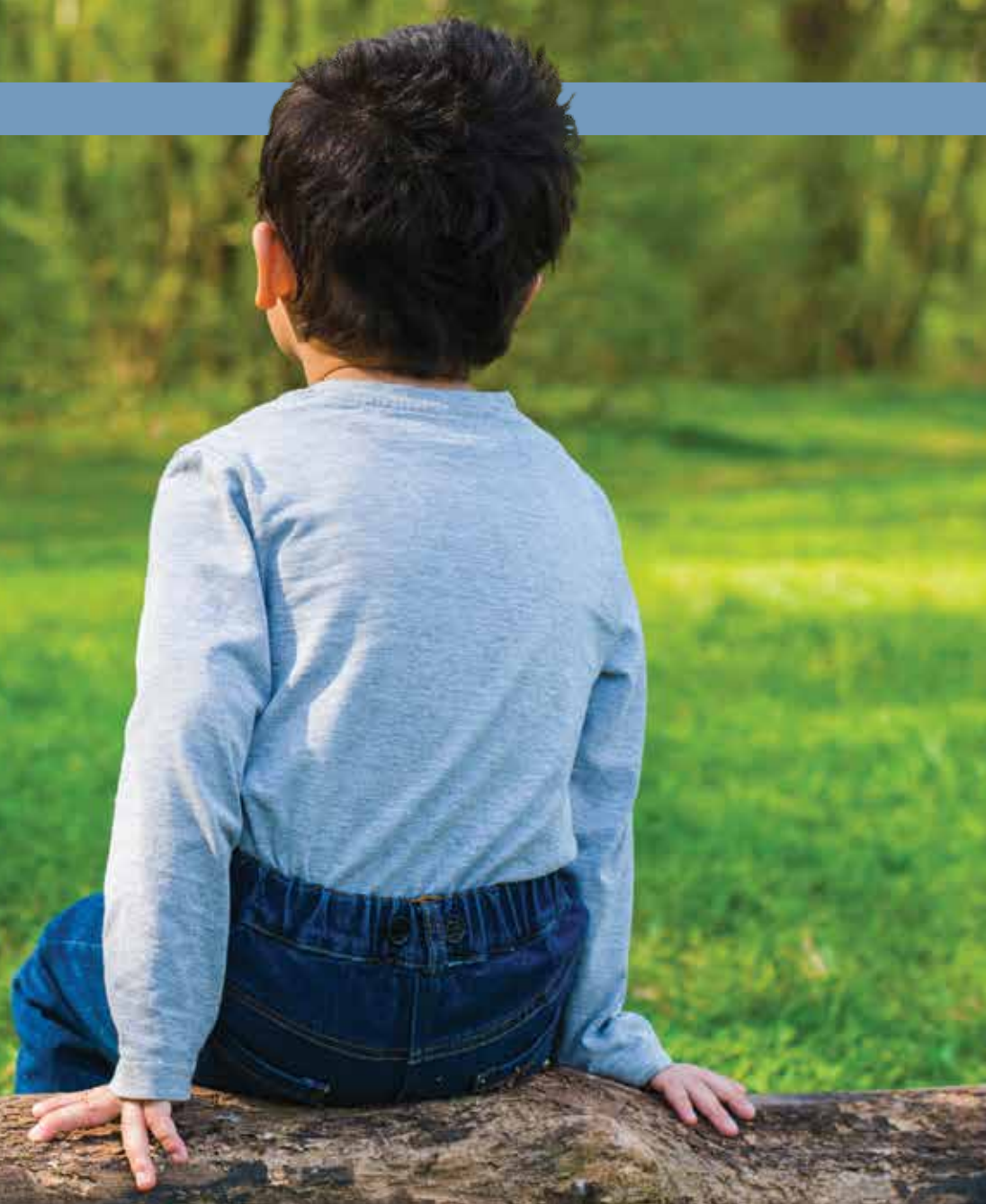


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Markers for a way forward?

Recent research has revealed how using metabolic markers in childhood can lead to earlier diagnosis and therapy in autism.

Report by Dr Ben Marlow



Dr Ben Marlow (pictured with his son, Fred) is a paediatric consultant (neurodisability) at Colchester General Hospital, Essex, and clinical director of the hospital's Synapse Centre for Neurodevelopment, which seeks to translate biomedical research into practical therapies. <https://www.synapsecentre.co.uk>

Advances in science have created opportunities for better understanding of health through a metabolic lens. Can developmental patterns in metabolism distinguish autistic children, and will changes in metabolic networks be increasingly used as early biomarkers for a child developing the condition?

A recent publication in *Nature* by Robert Naviaux, professor in the Department of Medicine at UC San Diego School of Medicine¹, has sought to delineate crucial differences in early metabolism that may be used as early risk biomarkers for autistic children. Metabolism and brain development are undoubtedly connected, with numerous studies finding that autistic children have distinct metabolic profiles that vary by age, sex, and severity of symptoms^{2,3,4,5,6}.

Naviaux's study focused on around 250 children, ranging from

a 'newborn group' (analysed retrospectively from a newborn screening programme in California) to a five-year-old cohort with a mix of neurotypical and autistic participants. His team used classical methods of concentration-based mass spectrometry and new methods in network metabolomic analysis (studying metabolic processes in biological systems). The researchers found the most

significant changes to be in autistic five-year-olds within phospholipid, fatty acid oxidation and acyl-carnitines, cardiolipins, ceramides, sphingomyelin, and glycosphingolipid metabolism.

Signatures of stress

The metabolic 'phenotype' of autism was illustrated by a decrease in anti-inflammatory / antioxidant molecules such as glutathione, carnosine, 5'-methyltetrahydrofolic acid, and CoQ10, and a significant increase in stress response metabolites such as lactate, glycerol, alanine, threonine, cholesterol and ceramides. These differences increased with the ages of the autistic children analysed, compared to neurotypical children.

This metabolic profile paints a picture of oversensitivity to stress and overuse of dampening systems/antioxidants, part of a

system-based hypothesis named 'cell danger response'. It also raises the suggestion that the pathology doesn't stem from a cell that has been damaged or a pathway gone wrong, but a normal physiological response to metabolic signals that differed between neurotypical and autistic people.

As children get older, this cell danger response should be better regulated, but for many in the autism group it remains acutely sensitive. Naviaux's team found this to be due to failure of regulating purinergic signalling (moderating the relaxation of muscles in the gastrointestinal tract).

Calcium signalling

Dysregulated calcium homeostasis (not maintaining a stable calcium level) is a known feature of autism^{7,8}. In the current study, autistic five-year-olds showed a loss of negative correlations between ceramides and purines, and between purines and Phosphatidylinositol (PI) lipids that regulate calcium homeostasis.

In typically developing children there were many strong inhibitory connections between purines (Adenine Monophosphate (AMP) and Adenosine Triphosphate (ATP)) and the PI lipids, resulting in a natural 'dampening effect' that prevents runaway cell activation by calcium signalling. The autistic cohort lacked these 'dampeners': loss of inhibitory correlations between purines and PI lipids resulted in poorly regulated



“

This profile indicates oversensitivity to stress and overuse of dampening systems/antioxidants”

calcium release, persistent cell activation, and hypersensitive sensory responses.

Interestingly, in newborns, this purine network is excitatory in autistic and neurotypical children, but then becomes better regulated in neurotypical children.

Cell danger response (CDR)

According to Naviaux: "Starting with mitochondria and the cell, the CDR propagates from local to remote systems to coordinate the

metabolic, inflammatory, autonomic, neuroendocrine, and other responses needed to heal and recover from any stress or injury, and to adapt to future exposures."⁹

This CDR represents a normal physiological response, raised by multiple signalling pathways.

Naviaux's article hypothesises that self-calming connections to this pathway are not made appropriately in autism. This is why autistic children can have oversensitivity to exteroceptive (touch, taste, sound, vision) and interoceptive (internal body sensation) stimuli. This impacts on health, producing changes in mitochondrial function, oxidative stress, innate immune activation, and changes in the microbiome¹⁰.

Clinical perspectives

The developmental arrest of the purine network, which dampens the CDR in neurotypical children, is not seen in autistic children.

Focusing on pharmacologically reducing purinergic signalling would seem a sensible approach in autism. A few early clinical trials^{11,12} have shown safety and efficacy of low-dose suramin (a purinergic antagonist) in autism.

If confirmed in larger clinical trials, new antipurinergic drugs that have a range of receptor subtype selectivities, and pannexin channel blockers could be trialled in autism. Also, the use of metabolomic data from the newborn period could aid earlier autism diagnosis and response to therapy.

Above right: Professor Robert Naviaux, leader of the metabolic study

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Designing inclusion

Sensory issues mean autistic children experience the world differently, but often the environment where they spend most of their time learning has not been adapted. Darren Devine looks at classrooms where everything from the flooring to the furniture has been designed with autistic children in mind

Touch, sight, sound – when these basic senses are bombarded, concentration can become impossible for autistic children.

But what happens when the environment where they do most of their learning, in other words the classroom, has been purpose-built around their sensory needs? The need for adapted classrooms has never been greater as our understanding of autism has evolved and as ever-growing numbers of children are being diagnosed. Research in 2021 suggested there had been a 787 per cent rise in the number of diagnoses between 1998 and 2018 in the UK. While 80 years ago the condition was thought to affect one in 2,500 children, now the number is one in 36.

Wiltshire-based architect Mark Ellerby believes efforts to create an autism-friendly environment should go beyond the classroom and extend to the entire school. Ellerby, who has given a presentation on the topic to the Birmingham Architectural Association, says: "It's the access routes to the classrooms, the corridors, the halls and dining spaces and a network of suitable classrooms, as well as quiet spaces."

The architect says adapting the whole school can mean making affordable adjustments in areas such as lighting and insulation. He also says that universal design principles show adjustments to sound levels are crucial.

Ellerby, who has worked on special schools and inclusion centres in London, Surrey and Bedford, adds: "Reducing noise levels and creating less stressful environments benefits everyone."

Virtual reality design

Flooring firm Tarkett has developed a virtual reality platform to help design classroom environments for children with conditions including autism and attention deficit hyperactivity disorder (ADHD).

Tarkett, based in Kent, has set up the platform to enable people to experience physical spaces from the perspective of someone who is neurodiverse. The platform, known as human conscious design, takes in school buildings and everything that needs to be considered within them.

Tarkett marketing manager Shaz Hawkins says the colours and textures of the flooring are designed to avoid both sensory overload and understimulation. She says the firm also focuses on



“
Reducing noise
levels and creating
less stressful
environments
benefits everyone”

Ready for teaching: a classroom designed by Shropshire-based Tough Furniture, including several of its classroom screens that feature sound-dampening fabric

achieving high environmental standards that can have an impact on autism. The firm's flooring is made from recycled materials, with the finished product up to 10 times below European standards for volatile organic compounds (VOCs). VOCs are organic chemicals found in household items such as furniture and paint. Research has linked exposure to these chemicals during pregnancy to an increased likelihood of autism.

Hawkins says: "We offer every single type of floor apart from ceramics – so we have carpets, we have vinyl, we have linoleum, we have wood, we have indoor and

outdoor sports surfaces as well."

Shropshire-based Tough Furniture has been manufacturing products for challenging environments for 30 years. It makes everything from heavy duty tables to beanbag chairs.

Keeping it simple

Design director Stephen Physick says the company's aim is to create "calm environments" by "keeping designs simple". He adds: "The aim is often, therefore, to strike the right balance between function and simplicity, by avoiding over-engineered solutions, providing our customers with clean

How to convert a mainstream classroom for autistic pupils

By Hannah Otoo, founder and former head of REYO Paddock School, a special educational needs provision in Ghana by the REYO Foundation



A mainstream school classroom will always pose a challenge to some pupils on the autism spectrum, depending on their sensory and other needs. The number of children in the classroom, the noise, transitions during sessions, breaktimes, lunchtimes as well as staying focused during lessons are some of the challenges autistic pupils face in a mainstream school environment.

However, a mainstream classroom can be converted to accommodate autistic pupils. Here are some tips:

- It's essential to identify the NEEDS of the autistic pupils in your class. Based on this, a plan can be drawn up to obtain resources to meet those needs.
- Set up an autism-friendly corner in a quiet area within the classroom. It could include visual timetables to show activities for the day ahead, now and next boards, TEACCH work stations/resources, any other resource required such as ear defenders, calming music with headphones, aromatherapy and soft or fidgety toys and a small closed-up sensory tent to produce a calm environment within the busy classroom. You could also have large, medium and small communication symbols, such as those by Widgit or Makaton, to support the children or for when a child is stressed. Having a go-to area with resources labelled draws in speech and language and occupational therapy.
- Design a sensory/calming corner. It could

have soft cushions, a bouncing ball chair and resources in a box. Pupils could move to this area when they need to regulate themselves if they are experiencing sensory overload. There could be green, amber and red zones to help them move to an area, depending on how they feel. Sometimes, though, it would be best to allow the autistic pupil to leave the class and go to a quieter environment at the school.

- Break learning down to very short multiple sessions. This means giving a lot of breaks in between activities. Follow the lead of the pupil or young person. It can be a good idea for pupils to have their own clock or sand timer to prepare themselves for transitions.
- Create sitting areas where the autistic pupil will sit to join the rest of their peers during class time to encourage social skills and joint learning.
- Use visuals/symbols throughout the classroom to help pupils move around the classroom.
- Put positive affirmation symbols on the wall, or add rewards charts that will record pupils' progress and the rewards they are working towards.
- Train other pupils in the class to be caring, supportive and respect the safe spaces of autistic pupils.
- Dim the lights in the calming areas to create low-arousal spaces.
- It's vital to combine any of the above with staff training and sharing information from a child's home with the team.

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“

The aim is to strike the right balance between function and simplicity”

Virtual reality:
Tarkett's platform can help design classrooms for neurodiverse pupils

lines, simple designs and often a muted colour palette.” Among the firm's products are classroom screens that feature acoustic fabric for sound attenuation.

Another company providing robust furniture to help classrooms

become more inclusive for special needs children is Community Playthings. Product development manager Fred Mow says the firm has focused on nursery settings, so the environment is adjusted to the child's needs at the earliest

opportunity. He says: “There are benefits to using natural wood and colours, gentle, harmonious geometry and a variety of textures, some soft and sound absorbing.”

The East Sussex-based company is due to launch a new product range early next year and Mow says initial efforts will focus on creating a “place within a nursery room for a child to learn to regulate their emotions”. He adds that the

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EDUCATION

Cosy place to read: a prototype of a piece of furniture from Community Playthings to help children learn to manage their emotions



space must "invite the child to enter on their own and win trust as a safe and positive sanctuary".

Discos, music, lights, life

Jane McCready, an autism parent, says muted, low-arousal environments are not the answer for all autistic children.

McCready, who runs a campaign called ABA Access4All, says her 21-year-old son Johnny, who has autism and a learning disability, is sensory seeking, like many others on the spectrum. Johnny loves "bright-coloured displays and discos and music and lights and life," she says.

McCready adds: "I think the stereotype that all autistic people are sensory defensive is really harmful." She believes it is often intellectually able autistic people who struggle with sensory issues. McCready says adapting the environment for these, while

neglecting to consider the needs of the between 30 to 50 per cent of the autistic population who fit her son's profile, is unfair.

Retired teacher McCready, 60, from London, also maintains that autistic people can become prisoners of their sensory issues, unable to cope in everyday busy environments such as restaurants and cinemas.

"You're making them a prison of their autism and it's a big, lovely, wide, loud world out there that you're not letting them experience if you don't teach them to experience it."

LINKS:

- Community Playthings: www.communityplaythings.co.uk
- Mark Ellerby Architects: www.glovefactorystudios.com/mark-ellerby-architects/
- Tarkett: www.tarkett.co.uk
- Tough Furniture: www.toughfurniture.com

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Dangers of sharenting

Counsellor Elaine Nicholson MBE has a unique insight into the anxiety-provoking experiences of autistic people. She relays the impact that ‘sharenting’ can have on adults on the spectrum when their parents have documented often-embarrassing details about them on social media

“

I am seeing many autistic young people who are suffering because of sharenting”

If in doubt, leave it out: be wary of sharing details about your child on social media

Over the past 20 years of working as an autism specialist counsellor, I have observed many themes in the autistic therapeutic space. These themes are important and must be brought into the open to aid and educate future generations of counsellors and psychotherapists currently working or intending to work in the field. These thematic proliferations should also be brought to the attention of neurodiverse individuals and their close others for purposes of support and enlightenment.

What is sharenting?

A burgeoning theme in the therapeutic space is “sharenting”. This is a common syndrome among many parents in modern-day life. The *Collins English Dictionary* defines it as “the practice of a parent to regularly use social media to communicate a lot of detailed information about their child”.

Some parents will catalogue their child’s existence on Facebook or similar – from the foetus stage right through to A-levels and beyond. They will do so arbitrarily and without their child’s consent, and while most shares are well-meaning, there are risks attached to such activity.

On a macro level, there’s the potential for identity theft and the use of images on child porn websites. According to the National Centre for Missing and Exploited Children (US), half the photographs shared by child sexual abusers were initially posted on a social media site by their parents.

Some parents have gone so far as to chart their child’s developmental steps through YouTube. Even with the most stringent of privacy settings on any of these sites, can we, as parents, be certain that this content is absolutely private and cannot be broken into, now or in the future?

Case study: Anton

On a micro level, I am seeing many autistic and other neurodivergent young people who are suffering because of a parent’s sharenting behaviours. I recall one young man, aged 17, who was crippled



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Elaine Nicolson
 MBE is a registered counsellor with a master's degree in autism and a post-grad certification in Asperger's syndrome. She is also founder of Action for Neurodiversity: www.actionforneurodiversity.org

with anxiety over the potential revelation of a time 10 years past when he was going through a particularly low episode. His mother had remarried a man who didn't understand her son. Aged seven, semi-mute at the time and unable to read or write, he had smeared his poo in an attempt to communicate his feelings of distress. His mother, a kindly woman, wrote on her social media feed to her followers, many of whom were other parents of autistic children: "Anton smeared today," and followed this up with a sad face emoji.

This post was met with lots of support from other parents of autistic children. It was met with lots of "hugs" emojis, and other parents admitted that their child or children had engaged in a similar activity at some point.

This outpouring of camaraderie, at that moment, must have helped the mother to feel a lot better after her half-hour of scrubbing the wall with an intensive cleaning agent.

Anton, now no longer semi-mute and able to read and write, is aware that his mother's post remains "out there". He cannot get over it and has grown his hair so long that it covers his face. He wants to disguise himself. He wants to distance himself from his mother by becoming unrecognisable.

Anton talks about the sharenting a lot but is too afraid to confront his mother about it. Anton is worried that his friends may find this out and will then have an excuse to tease and bully him, just like he was teased when he had no voice as a little boy.

Anton has worked hard to fit in with his neurotypical friends over the past two years and fears the smearing statement and other statements and video shares that his mother created over the years and which point to his academically, which is adding to his stress.

Case study: Candice
 Candice, now aged 27 and a solicitor, was non-verbal until she was aged five, when she suddenly started speaking in full sentences. Both her parents engaged in YouTube "show and tell" behaviours. There are videos in the cloud of Candice babbling, screeching, stimming, spinning and hand-flapping. As Candice eventually reached her milestones, her parents saw these occasions as excuses for great celebrations on YouTube.

Candice is now a highly competent city solicitor. She is described as a "rising star to be watched" by her older colleagues within the law firm where she works, but no one there knows that she is autistic, for, like many, she masks daily, trying to fit in with her neurotypical peers. She has dyed her hair differently from her natural colour and has developed an international accent that replaces her distinctive regional speaking voice. She fears being recognised as "that child" on YouTube.

It matters not to Candice that watchers of her videos – likely other parents of autistic children – may have gained some comfort from them. Candice knows that her parents love her, but in a cogent manner, she will state each time in autism, are like dynamite. The revelation that he is autistic could blow any moment and he doesn't want that. He has found happiness in masking.

His fear of exposure is adversely affecting his studies. He cannot concentrate on his academic work and obsesses on what his mother did and what his mother might do next. Anton's self-esteem is rock bottom and he is falling behind

Anton's self-esteem is rock bottom and he is falling behind academically"



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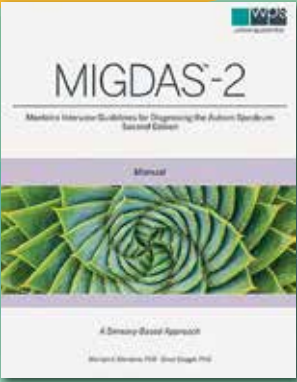
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A parent's duty is to protect, so consider these points before sharing information

In both Anton's and Candice's cases, I think sharing material about one's child to a broader audience than immediate family or friends, whether neurotypical or atypical, should be carefully thought out and planned with almost military precision. Parents should hesitate before their fingers/thumbs tap the proverbial keyboard. They need to consider the following:

- Could this embarrass my child now or in the future?
- Who, other than close friends or family, will see this?
- Do I have full control over sharing rights?
- Is this private, not public, content?
- Will I regret my add-on comment about my child?
- Could I/should I gain my child's consent?
- Could my child be bullied for this, now or in the future?
- What gains are there to be had?

Plus, more questions must be considered, depending on the child concerned, the content being shared, and the online platform on which the content is being shared.

Autistic individuals have notoriously higher rates of poor mental health and suicide risk than their neurotypical counterparts. For years, they have been bullied and mistreated more than most. It could be argued that autistic individuals experience all the downsides of being in a minority group:

- Unequal treatment and limited power
- Distinguishing traits
- Involuntary membership of a group
- Awareness of subordination

Parents of autistic children have a duty to protect their children during their developmental years. Sharenting exposes your child to the dangerous macro and micro risks outlined in this feature. Sharenting is a tricky social media fandom to partake in and should be carefully navigated.

I am not saying that parents should never post about their child, but asking themselves the important questions listed above will help to mitigate any potential damage to themselves or to their child/children. The dangers of sharenting are immense. In some cases, families have completely broken down because of it.

therapy: "It's my life!" Candice fears broaching the subject with her parents for fear of hurting their feelings, despite her being a fully-fledged grown-up. Her parents' persistent mollycoddling, in addition to their filming every aspect of her life, has left Candice feeling "small" on the inside, like a little girl.

Candice cuts a sorry figure on my couch. She is gaunt-looking through her eating disorder, with pale, almost translucent skin that is likely not helped by her agoraphobic tendencies.

At every session, there is hand wringing. Her spine cannot rest on the back of the chair. She cannot relax, fearing that I might expose her, too. She asks me each time if there are recording devices in the room. I reassure her there are not. I anticipate years of working with Candice to get her to a place of peace and balance within herself. We will need time to repair the

“
Until the age of
10 her life had
been a non-stop
fly-on-the-wall
documentary”

damage caused by the fact that until the age of 10 her life had been a non-stop fly-on-the-wall documentary to the world.

Case study: Judith

Judith, aged 18, was diagnosed as autistic aged nine. Her mother was so impassioned by her daughter's diagnosis and plight that not only did she engage relentlessly with social media about "autism and

girls", but she also set up an autism and girls support group, often using her daughter as the poster girl for the group.

Judith is about to start university, where she will read one of the sciences. She is unbothered about her mother's fervour and passion to get "girls and autism" out there. She understands her mother's "why", but wishes that she would remove her image from all the social media promoting the cause. Judith wants a "fresh start" away from autism when she leaves home for the 200-mile trip to her halls of residence in September.

It is not uncommon for autistic young people to want to reinvent themselves upon leaving school or college and entering the world of work or university. They tend to relish the idea. Many want to leave their special or additional needs descriptors behind, often to the chagrin of their parents.

NB All names have been changed, and scrambled composites have been used for the vignettes.

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It's well documented that spending time in the natural world is refreshing and calming for both mind and body. Although it's good for everyone, it's said to be especially beneficial for people with special educational needs. That's why, says Fiona McNeill, forest schools have become an increasingly popular educational approach

See the wood and the trees



Caption

First developed in Scandinavia, where children spend time in woodland learning practical and social skills, forest schools have been around for a while and have been incorporated into the timetable at many schools and colleges.

A study published in 2022 analysed the experience of 25 autistic youngsters participating in forest school in the east of England. Researchers concluded that the practice was helpful for social development, play, motor skills and giving students the opportunity to make their own choices.

Debs Barlow is the forest school leader at Alderman Knight School in Gloucestershire, a specialist

provision for youngsters aged seven to 19 with learning difficulties and complex needs, including autism. She agrees that forest school offers a huge range of

benefits, from an interest in the natural world and freedom to explore to increased confidence and motivation.

Storytelling, bug hunting

In a typical session, she says, pupils sit in a log circle, simply listening, observing and reflecting. They might then take part in a range of activities, including storytelling, bug-hunting, making a den or lighting a fire.

"Some children like to observe their peers first before they take part," she says. "Pupils are given the time through exploration and child-led activities to get to know their environment – this, in

Opposite: a child plays on a tyre swing at Alderman Knight School's forest school

“There are hammocks, tyre swings and a mud kitchen”

‘Being outside in nature makes me feel calm – it’s almost like a sensory room’

The benefits of being outdoors aren’t just for children. Autistic artist James Owen Thomas’s passion for nature demonstrates how a rewarding relationship with the natural world can carry on into adulthood.

James Owen Thomas was diagnosed with autism and ADHD as a very young child and from the start, he says, nature and making pictures played a therapeutic role in his life. Now aged 23, he is a professional artist who is inspired by the natural world and creates mixed-media artworks from recycled and sustainable materials such as discarded Lottery tickets, cloth and oil paint. He is pictured with one of his outdoor-inspired artworks.

“Being outside in nature makes me feel calm – it’s almost like being in a sensory room,” he explains. “I can switch my mind off and get away from crowds of people and artificial light, which are too stimulating for me.”

Although James likes all kinds of outdoor spaces, from the seaside to rolling hills, woodland is a particular favourite and he is artist-in-residence at Whitewoods Wellbeing in Yorkshire, where he runs art workshops. He is also an ambassador for the Tree Council, which promotes planting, care and conservation of trees.

“Cherry trees are one of my favourites, as they’ve appeared the most times in my work,” he elaborates. “I like the pink blossom. I created an installation of 20 canvasses, but I had to do something else with them because of lockdown. They were eventually auctioned for £20,000 for the Caudwell Children charity. I felt it was important to give back to them because they helped me when I was younger.”

Foraging for wild berries is another way James connects to nature. “It has a number of health benefits, not just because the fruit is good for you, but for someone like me with autism it increases confidence and involves decision-making on which routes to take. I have sometimes used bilberries to stain paper for my art because they make a lovely deep natural blue-purple colour.”

Following an appearance on TV programme *Gardeners’ World*, James was invited to write a book about his life, autism and art. It will be published by Bloomsbury early next year. He is also an ambassador for the Disabled Children’s Council and a member of their SENDIASS steering group.

Find out more via his website: www.jamesowenthomas.com



Spot the owl: James with one of his artworks, called *At Twilight*



turn, can make them feel safe and grounded.

"There are hammocks, tyre swings and a mud kitchen for self-regulation, sensory feedback and enjoyment. Each pupil has helped sculpt our forest school space over the past three years. This has given them a feeling of ownership and helped embed knowledge learnt."

Guiding their own learning

Gretton School in Cambridgeshire is an autism-specific provision for pupils aged five to 19. Situated on the edge of a large tract of woodland, it has a designated forest school area that has undergone a big overhaul and now includes a new hut, fire-pit, walkways, cooking area and new plants.

"Forest school is available year-round to all students," says Niamh Little, marketing manager for the school. "We have a saying: 'There's no bad weather, only bad clothing'! Spending time there increases children's confidence and self-esteem and they can let their

“
We have a saying:
‘There’s no bad
weather, only
bad clothing’!”

imaginations go wild and guide their own learning, though, of course, it depends on the individual. We have a high staff-to-student ratio, so everyone is safe.

"The local Mammal Society visited earlier this year," she adds. "They came one evening and set up humane traps and returned the next day to show the children what was inside – small voles, I think – which was very exciting!"

Forest school is also helpful for transitions, Niamh points out. When new students arrive, spending time

there is a great way for them to gradually integrate into school life without too much pressure.

As a well-known, online learning provider, Nisai works with students across the UK who are not attending school in person for a variety of reasons. Many of these youngsters have an Education, Health and Care Plan. Working via virtual classrooms, the organisation obviously can't provide any form of outdoor learning, but it does co-operate with forest schools to supplement their pupils' studies with traditional lessons.

"This mainly includes our core curriculum offer, as well as GCSEs and A Levels," says Logan Kung, marketing executive. "Online learning means the student can access lessons via a computer, whether that be at the forest school or their home."

CONTACTS:

- Alderman Knight School: www.aldermanknight.gloucs.sch.uk
- Gretton School: www.grettonschool.com
- Nisai: www.nisai.com

Sheltered: one of the new areas in Gretton School's overhauled forest school



People we support are at the heart of what we do

Achieve together explains its vision of excellence and how it goes about achieving its goals



At Achieve together, our vision is to provide the best specialist support, inspiring a generation to ensure people live happy, healthy and meaningful lives. We achieve this through co-production, placing people we support at the centre of everything we do. By fostering a collaborative environment, we ensure every person's voice is heard, respected, and acted upon, creating a foundation for true empowerment and personal growth.

Embedding co-production

Co-production is central to our approach. It's guided by Unity, a group of experts with lived experience. Unity representatives have specialised roles, including sustainability champions, mental health & wellbeing ambassadors, and quality checkers & advisors. These roles foster partnerships across Achieve together so the voices of those we support are at the forefront, directly shaping the services they receive.

Personalised support plans

Our co-production approach begins with creating personalised support plans. We engage with each person and their wider support network to understand their unique needs, aspirations, and challenges. This person-centered planning ensures that support is tailored to enhance independence, skills, confidence, self-esteem, and overall quality of life.

Independence and skills

We enable people to grow and develop through promoting opportunities and daily tasks that build life skills, vocational abilities and social competencies.

People organise their time while receiving the structure and predictability they need. Whether it's making a drink, improving communications, exploring work-based opportunities, or simply getting out and about, our support aligns with their interests and goals. Central to our approach is our

Wheel of Engagement, a co-produced framework focusing on key aspects of life. It ensures support is mindful, skilled, and creative, allowing people we support to flourish. It guides initial assessments, support planning and keyworker reports.

Health and wellbeing

Maintaining physical and mental health is crucial for a fulfilling life. We incorporate health promotion activities tailored to the needs of those we support. From exercise routines and nutritional advice to mindfulness practices and mental health support, we provide holistic care that promotes a healthy lifestyle.

Meaningful connections

Social inclusion is essential for a meaningful life. We facilitate social connections through social groups, community participation, and peer support networks. Our programmes encourage social interaction in safe and supportive environments, helping people build confidence and form lasting relationships.

Continuous improvement

We seek feedback from people we support and their families to refine our services. This ongoing dialogue ensures our support remains relevant, effective, and aligns with the changing needs and aspirations of those we support.

We believe that, together, we can achieve a life well lived. By co-producing our support, we empower people to reach their full potential, fostering happiness, health, and meaningful engagement in every aspect of life.

For more information about Achieve together and the options we offer across England and Wales, please visit <https://shorturl.at/y3BZE>, give us a call on 03301 755 332 or drop us an email at referrals@achievetogether.co.uk.



When care brings despair

Isolation, relationship breakdown, financial distress and mental and physical illness – this is the toxic combination that can leave parent carers in despair.

And grim research indicates that 42 per cent of parents of disabled or seriously ill children have thought about committing suicide. Report by Darren Devine

Walking a lonely path: parent carers often struggle with their feelings in secret

When doctors told Anna that her new baby had a rare condition she was overwhelmed by feelings of shock, fear and guilt. And while attempting to cope with a newborn baby and her own distress, she had “some really dark days” when she “thought seriously” about ending her life.

Anna’s daughter is now 30 and living in supported living. Anna’s anxiety about her hasn’t gone away, though. “I still fear for her future,” she says. “We spent so many years just to get her the same opportunities and experiences as other kids, to give her the best possible life.

“But now things are in place, what if it all goes wrong? Who will fight for her when we’re no longer around to do so?”

“

Who will fight for her when we’re no longer around to do so?”

A survey earlier this year by Birmingham University found that 42 per cent of parent carers – more than four in 10 – who have a child with a long-term illness or a disability have thought about suicide. One in 12 of the 750 parents surveyed had gone so far as to plan taking their own life. A few had even tried it.

In what was the first dedicated study of suicide risk in parent carers, researchers found only half of those who had thought about ending their lives ever told anyone or looked for help. Associate professor Siobhan O’Dwyer, who led the research, says it is shocking that so many parent carers have been struggling with these feelings in secret.

She says: “Parents of disabled children and children with serious illnesses are the hardest working, most dedicated people I know. But

so much of what they do goes unseen and they have to battle constantly with a system that has little interest in supporting them or their children”.

Julia, a parent carer who, along with Anna, was a co-researcher on the study, says it is difficult to explain how you can simultaneously love your child and want to kill yourself. “Every parent carer lives in fear of having their child taken away if social services think we aren’t coping, so we simply don’t feel safe to tell our GPs or social workers how we’re feeling,” she says, “and even when we do muster up the courage, often nothing happens to address the cause and relieve the burden of care.”

Despite the risk, carers are not currently recognised as a priority group in the UK Government’s national mental health and suicide prevention strategy. Also, suicide risk is not addressed in the national care strategy. All carers in England are entitled to an assessment of their needs under the Care Act 2014, but this does not take in suicide risk and many carers have never had an assessment, according to the Birmingham research.

Inadequate policies

O’Dwyer says that if more than 40 per cent of parent carers are contemplating suicide then it is a clear sign that the policies designed to support them are inadequate. She adds that Carer’s Allowance, carer’s leave and carer’s assessments are “not enough to mitigate the serious impact of caring”. Carer’s Allowance is the main benefit paid to carers and is worth £81.90 per week. Carer’s leave is an entitlement to five days unpaid leave per year, and the assessments of support needs are carried out by councils.

In July, charity Carers UK handed a letter signed by more than 10,000 people to new prime minister Sir Keir Starmer calling for a national care strategy to overhaul support. The letter called for an increase in Carer’s Allowance, the introduction of paid carer’s leave and a better long-term funding deal for adult social care.

Carers UK says more than 1.5 million people in England and Wales ➤

provide more than 50 hours per week of unpaid care, worth £162 billion a year. The charity says this saves the country close to the NHS's annual budget of £182 billion.

Carers UK's own research shows 79 per cent of carers feel stressed and anxious and 61 per cent want more support. Helen Walker, chief executive of Carers UK, says: "The new Government has a once-in-a-generation



Dr Siobhan O'Dwyer: parent carers must battle a system that has little interest in supporting them

opportunity to transform the lives of millions of people and ensure that every unpaid carer gets the practical, financial and workplace support they need to balance caring responsibilities alongside looking after their own health and well-being. It must deliver on its commitments to carers, there is no time to waste."

In a statement, a spokesperson for the Department of Health and Social Care said it was committed to creating a national care service and would use it to assess how best to support unpaid carers.

The spokesperson added: "As part of our plan to fix the broken health system we also want to ensure we give mental health the same attention and focus as physical health. We are prioritising mental health by recruiting an additional 8,500 mental health workers to reduce delays and provide faster treatment alongside reforming the Mental Health Act."

The Department of Health also stressed that councils must carry out carers' assessments to consider how best to support those looking after a loved one or family member full time.

LINK:

● Carers UK: www.carersuk.org

“
Every parent carer
lives in fear of
having their child
taken away”

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We hear the term 'Quality of Life' (QoL) in many contexts, such as in work/ life balance, health or a financial situation... or just which beach to lie on! Whatever the context, we need to find ways of understanding the issues of importance to our students and families, so we can address them and measure how well what we are doing is working.

A simple internet search will give you plenty of models for QoL.

According
to Robert
Schalock

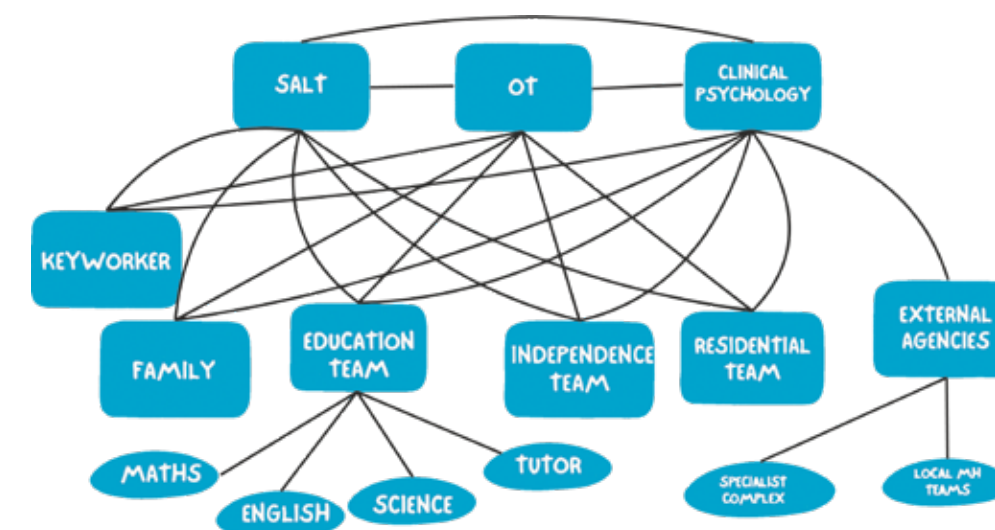
Hastings
College,
Nebraska

At Swalcliffe Park School, we used Robert Schalock's definition to help us develop a QoL framework and approach to inform our work. We also include a focus on 'Achievement' because as a school we know that fulfilling academic potential can improve QoL outcomes now and in the future. This is a helpful model when talking about the important issues that impact the QoL of our students and families, as well as deciding

A Model for 'Quality of Life'		
Factor	Domain	Exemplary Indicators
Independence	Personal Development	Personal skills / adaptive behaviour
	Self-Determination	Choices / decisions / autonomy / control
Social Participation	Interpersonal Relationships	Social networks / Friendships / Social activities
	Social inclusion	Involvement in community / Community roles
	Rights	Equal opportunities / Respectful treatment / Legal access & due process
	Well-being	Safety & security / Positive experiences / success
Well-being	Physical well-being	Health & nutritional status / Recreation / physical exercise
	Material well-being	Income / possessions

Benefits of a multi-disciplinary approach

Swalcliffe Park School explains how its strategy improves 'Quality of Life' outcomes for young people and their families in a school setting



who is best placed within our multi-disciplinary team to provide the specialist support required.

The complex profiles of our students mean we need a strong emphasis on developing their knowledge of themselves so they can develop meaningful ways to support their everyday life. This is a natural part of the school's safeguarding culture and includes supporting them to advocate for their wants and needs, providing opportunities for positive social connections and supporting them to develop 'tool kits' to manage their communication and regulation skills in a range of situations. There is also a focus on developing the skills students need to navigate the world outside school.

Having a multi-disciplinary team approach, within a strong keyworking system, ensures specialist support and guidance is available to each student and his family as required, taking account the ever-changing or 'dynamic' nature of their QoL. This in-house support is also able to work in collaborative ways within school, to support the wider staff team working with students, and to understand the interventions and approaches being implemented, enabling a joined-up approach.

● To find out more about our school, multi-disciplinary working and our 'Quality of Life' framework, please contact Kiran Hingorani, Chief Executive Officer, on 01295 7803032 or khingorani@swalcliffepark.co.uk
● Swalcliffe Park School is an 'Outstanding' non-maintained, residential and day school for autistic boys (10-19) currently working with more than 20 local authorities. The school is a Charitable Incorporated Organisation (CIO).



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It's a question that worries many parents: what happens after I'm gone? If you see your child's future outside of residential care or community living, how practical is it to buy a home for them to live in with support? Darren Devine explores the buying options

A home of their own?



Keys to the door: the idea of buying a property for your loved one may appeal, and there are various ways of achieving this

If you're the parent of a child on the autism spectrum who may, you think, be able to live independently when they grow up, the idea of trying to buy a home for them may well cross your mind.

Wouldn't it be great if your child had a flat in a nearby street? You may dream of dropping in on your son or daughter, perhaps bringing them some shopping and even staying a while for a cup of tea. The idea of buying a property may be particularly appealing if there isn't an appropriate residential care provider in your area.

Highly achievable

But how practical is the idea? In fact, it may well be highly achievable. There is even more than one way to make the dream come true. Alicia Wood, formerly of care firm Dimensions, explains that there are three main methods that someone with a learning disability can use to buy a home.

The first is a straightforward family purchase. There is also a UK Government-run shared-ownership scheme known as Home Ownership for People with Long-Term Disabilities (HOLD). The third option is a family-funded shared



“You get quite a low income. Most of your benefits are taken away”

ownership scheme run by the Oxfordshire-based Advance housing association.

Wood says the key factor that drives families to buy a home for a loved one is control. “There's a

problem in even good residential care,” she says. “You get quite a low income. Most of your benefits are taken away from you. You can't choose who you live with and you can't choose who supports you.”

Also, if residential care doesn't work the person is forced to move out, whereas home ownership offers “security of tenure,” Wood says.

Choose who shares

Home ownership also works where families want their loved one to move in with others, but can't find the right people in existing community living settings. Owning the property allows them to choose who lives with their loved one.

Further, Wood admits that on occasion families can fall out with care providers in community living set-ups and find themselves barred from visiting. “It does happen with some places,” she says, “not with all – that's the important thing to say.”

Where parents buy a property for a son or daughter it must be via a commercial arrangement, with the child paying the rent through housing benefit to the family.

Available only in England, the HOLD scheme is open to first-time ➤



buyers, those who used to own their own home but can't afford to buy now, or existing shared owners looking to move. The scheme offers between 25 per cent and 75 per cent of the home's value. You pay rent on the portion you don't own.

Housing associations

Shared ownership is meant to be with a social landlord such as a housing association. However, a report in *Inside Housing Magazine* suggested the HOLD scheme has failed to offer a solution because housing associations are under no obligation to take part.

At that time Advance was the only social landlord involved in providing HOLD. Also, Advance was only involved in the HOLD scheme in certain areas. While 516 homes were bought through HOLD

Sarah Cookson:
her Surrey flat
is close to her
parents' home
and she says
"I like having
my own place"

“
On occasion
families can fall out
with care providers
in community
living set-ups”

in England, excluding London, between 1 April 2006 and 31 March 2011, after this period sales fell off.

Between 2011 and 2016, there were only 30 HOLD sales across England, according to the Homes and Communities Agency (HCA). Mortgage availability after the credit crunch is said to have dried up.

Instead of using UK Government HCA money under Advance's family-funded shared ownership scheme, the family can loan the cash to the housing association to buy a property.

Success stories

On its website, Advance details a number of shared ownership success stories, including that of Sarah Cookson. She bought a Surrey flat a short distance from her parents' home. Cookson, who has Asperger syndrome and a mild learning disability, has a support package from Surrey County Council that helps with finances and housekeeping.

She has said of her flat: "I like having my own space, it's nice to do things that you want to do."

Tracy Hammond, chair of Learning Disability Wales, says buying to rent to a relative is an important option, but the process needs to be "more straightforward".

She adds: "We get lots of calls to our advice line about buying to rent. Often, the families we talk to have chosen to pursue this course of action because other support options are limited or unsuitable."

Buying through a trust

Another option for families is to buy property through a trust. A leading provider of this facility is The Mencap Trust Company.

Under trust law, when property is passed on after death the trustee has ownership. For example, if the Mencap Trust Company were the trustee (the body in control of the trust) they would become the property owner.

There would, however, be an obligation on the trustee to use the property for the benefit of the person named as the beneficiary, which would be the child.

This can be broader than just ensuring the child gets to live in the property and they don't end up in assisted living if there is no money to maintain the house.

Julie Schwarz, former director of the Mencap Trust Company, is reassuring on this point, saying: "We're there for the whole of the beneficiary's life and we're bringing a particular ethos, which is person-centred."

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- Martin, brother of a service user

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Out to launch

Looking for a new provision? Welcome to our annual focus on new schools, colleges and supported living sites around the UK. We have organised them by region, so you can easily check out those closest to your home

West Midlands

Bescot Hall School, Walsall

This is a new independent specialist day school from Witherslack Group for pupils with Social, Emotional, and Mental Health (SEMH) needs, ADHD, autism, and a range of associated needs. It caters for girls and boys aged eight to 16. **They say:** "Bescot Hall is a community where successes will be celebrated no matter how big or small. We are aspirational about our pupils' continued progress and have created an environment where they are valued, have a voice and feel they belong."

● 01922 661280;

out of term: 0800 304 7244

● bescot-hall@witherslackgroup.co.uk

● www.witherslackgroup.co.uk/our-locations/our-schools/bescot-hall-school/

Antser Autism Assessment Hub, Birmingham



This one's not a school or supported living site, but a new provision seeking to address the issue of an estimated 750,000 people living with undiagnosed autism in the UK, according to a study by UCL. It's on Colmore Row, near Victoria Square and the Birmingham Museum and Art Gallery.

They say: "The current delays on autism diagnoses can have profound impacts on individuals and their families,

affecting access to necessary support and interventions. Our new Autism Assessment Hub will help make autism diagnosis easy, accessible and stress-free for people in and around Birmingham."

There are plans to launch hubs across the UK.

● 01623 277 508

● www.autismassessmenthub.co.uk

East Midlands

Birchwood House, Lincoln



After its opening in December, Birchwood House will be a purpose-built, high-intensity specialist home. It has been designed to support the needs of individuals with profound and severe disabilities, as well as those with complex behaviours that may challenge. There will be six self-contained one-bedroom flats and two bedsits, each designed to cater to the specific needs of its residents. The building will feature two communal dayrooms, low-arousal interiors, and a large landscaped communal garden.

Additionally, the service will include a sensory room equipped with multi-sensory facilities to provide visual, tactile and audible experiences that can be enjoyed passively or interactively. The building will also have up-to-date security and safety technology.

The service is particularly intended for individuals who

have been in long-term hospital placements, often residing out of county, as well as those who have faced difficulties in securing suitable long-term placements or have experienced placement breakdowns with other providers unable to meet their complex needs.

They say: "At Birchwood House, we will deliver personalised, person-centred care through a Positive Behaviour Support (PBS) model, focusing on understanding the causes of behaviours and implementing strategies that promote independence and well-being."

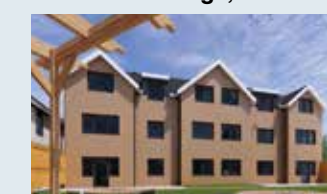
"Our experienced staff will conduct functional assessments and behaviour audits to tailor support, creating 'Capable Environments' that enhance quality of life."

● 01753 978888 (referrals manager)

● referrals@glenholm.org.uk

● www.glenholme.org.uk/birchwood-house

Birchwood Lodge, Lincoln



Along with Birchwood House, Birchwood Lodge is a provision from Glenholme Healthcare that is due to open in Lincoln in December. This specialist supported living service of 13 one- and two-bedroom flats is designed to meet a wide range of needs for individuals with learning

disabilities, autism, physical disabilities or complex behaviours that may challenge.

The flats are designed to provide a safe and supportive environment for adults who may find mixed-use developments too challenging but still require the security of 24-hour staffing. The building will have level floor access, widened doors to accommodate wheelchairs and lift-access throughout. Further personalisation of each flat can be made.

Residents will have access to a large landscaped communal garden at the rear of the building. There will also be up-to-date security and safety technology.

They say: "Our service is focused on enabling residents to live independent and meaningful lives as active members of the community. We work in close partnership with the people we support, as well as their families and friends, actively encouraging their involvement in the care process."

● 01753 978888 (referrals manager)

● referrals@glenholm.org.uk

● www.glenholme.org.uk/birchwood-lodge

Edgewood School, Northampton



This new school caters for children aged seven to 16 with a diagnosis of autism, moderate to severe learning difficulties, speech, language and communication difficulties and associated behavioural difficulties. It offers day and residential placements and is the newest school operated by the SENAD Group, which has six other specialist schools in England and Wales.

The purpose-built school has light, airy and flexible education spaces that are designed to meet the social, educational and sensory

needs of the pupils. The building is adjacent to a large play area, skate park, football pitches and footpaths through woodland. In addition, there are enclosed outside spaces providing safe and stimulating environments for the pupils to play and learn.

They say: "The rich, varied, ambitious and carefully planned curriculum will prepare pupils for the next steps in their lives. Each child's programme is individualised to meet their specific needs, enabling them to access learning and be successful in meeting their goals."

• 01332 378 840 (follow the options for parent enquiries)

• <https://senadgroup.com/edgewood/>

Hinkley House School, Market Bosworth, Leicestershire

Due to open this autumn, Hinkley House School will be an independent specialist day provider of primary education for pupils with social, emotional and mental health (SEMH) needs, alongside a range of other associated conditions such as autism and attention deficit hyperactivity disorder (ADHD). The provision will cater for boys and girls aged five to 11.

• 0800 304 7244

• www.witherslackgroup.co.uk/our-locations/our-schools/hinkley-house-school/

South West

Castlefell School, Rudgeway, South Gloucestershire



Castlefell School is a new independent specialist day school for pupils aged eight to 16 with a range of complex learning needs, social, emotional and mental health (SEMH) difficulties and co-existing ADHD, speech,

language and communication difficulties and attachment disorders. This Witherslack Group school provides a broad and balanced curriculum that is intended to ensure pupils can take their desired next step with support for the development of a happy and fulfilled life.

They say: "Our dedicated staff will spend time finding out what your child enjoys and what they are interested in, so that their interests are integrated in their learning experience. This, along with other needs, feature in their Individual Care and Education Plans, which set targets to address areas for development."

"Following your child starting, you will be involved in discussions about their education on a regular basis. For example, through daily home-school diaries, Post Admission Review, Annual Reviews and in the writing of Individual Education Plans."

"Any pupil who exhibits social, emotional, psychological or behavioural difficulties is provided with support, where necessary, from the teaching and support staff and from our pastoral care team, who are dedicated to ensuring that our pupils feel safe, settled, calm and ready to learn."

• 01454 801890;

out of term: 0800 304 7244

• castlefell@witherslackgroup.co.uk

• www.witherslackgroup.co.uk/our-locations/our-schools/castlefell-school/

Fromefield Manor School, Frome, Somerset



Situated in a central town location in Frome, Somerset, Fromefield Manor School will support young people aged 11 to 19 with a diagnosis of autism and associated complex needs.

The school will place a strong emphasis on social and emotional learning. Together with holistic therapy integrated into daily teaching, it aims to see students grow as people and build confidence and resilience.

The provision also pledges that everything it does will be person centred and flexible to ensure they always adapt their offering to meet the changing needs of their students.

Head teacher Gemma Drury

says: "Fromefield Manor School is driven by a strong desire to create an environment where all learners can access exceptional bespoke support and enriching experiences throughout their individual learning journeys."

• For more information, please contact

Judith Blackwell at judithblackwell@aspriscs.co.uk

• Or visit www.aspriscs.co.uk/fromefield-manor-school

South East

Hilden Park School, Tonbridge, West Kent



Hilden Park School is a new independent specialist day school from Witherslack Group. It caters for a diverse group of boys and girls aged eight to 16 who have a range of complex educational needs, communication difficulties and challenging behaviours.

The school follows the national curriculum, providing adaptive lessons for a bespoke learning experience. Its curriculum offers a wide range of enrichment activities that prepare pupils for life post-education, where it focuses on skills development and confidence building.

They say: "To raise the aspirations of our young people, our futures team has created a unique way to

completely support every young person into the future they deserve. We provide our young people with actual job opportunities and unrivalled levels of ongoing support to ensure that their first steps beyond education are successful ones that directly lead to employment."

"Our futures ambassadors sessions bring employers to our schools, where they speak to young people about their journey to success, giving a real insight into experiences and the diverse opportunities that industries can offer."

• 01732 443063;

out of term: 0800 304 7244

• hilden-park@witherslackgroup.co.uk

• www.witherslackgroup.co.uk/our-locations/our-schools/hilden-park-school/

Let Me Shine Performing Arts Centre, Thatcham, Berkshire



A project to build the UK's first bespoke performing arts centre specifically for autistic people with complex needs is well on the way to completion.

The Let Me Shine Performing Arts Centre at charity Prior's Court in Berkshire, is close to reaching its fundraising target, which is in excess of £1.1m, with the construction phase of the project well underway.

Prior's Court is a residential school for autistic young people with learning disabilities. Once open in the 2024/25 academic year, the unique centre will feature adapted facilities to support the young people at Prior's Court to access opportunities in music, dance and drama and the life-enriching benefits this provides.

This is in addition to having the opportunity day-to-day to express themselves creatively in a dedicated, bespoke



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3 Day training 2025. January 29-31. £455, including advanced.

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June 2 Day TBA. 2025 £TBA

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AM/PM refreshments, light lunch.



Course Led by **Emily Rubin, MS**, CCC-SLP Director.

This training is appropriate for: educators, therapists, psychologists, administrators, professionals (CPD) and families

Office: 199-203 Blandford Ave, Kettering, Northants NN16 9AT. Tel/Fax: 01536 523274
autism@autismuk.com

Book online: www.autismuk.com



Mary E Van Bourgondien



Glenna Osborne

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June **2 or 3 DAY** TBA. 2025 £TBA

Venue: The Ballroom Wicksteed Park,
Kettering, Northants

Course Led by **Mary E Van Bourgondien**, Ph.D.,
Psychologist, UNC TEACCH® Autism Program,
Professor UNC Department of Psychiatry.

Accompanied by: **Glenna Osborne**, Clinical Instructor at UNC-CH and
Director of Transition Services at TEACCH® Autism Program

**These trainings are most appropriate for: educators, therapists,
psychologists, administrators, professionals (CPD), & families**
AM/PM refreshments & light lunch



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Kettering, Northants NN16 9AT.
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Book online: www.autismuk.com



EDUCATION & SUPPORT

space within the specialist learning and residential provision at Prior's Court, where families can also attend performances.

The centre is a conversion of an existing school-hall style building at Prior's Court's 50-acre site that was unsuitable for the needs of the young people at the school.

The new building will have:

- A large area for drama and theatre work, with robust seating that can be folded away. It will allow Prior's Court to host a greater number of touring theatre companies and performance groups.
- Two music rooms – one for large instrument work such as drums and a piano, and the other for less formal music lessons, therapy work and use as a break-out space.
- A dance studio with a sprung floor and retracting hidden mirrors to suit the needs of the young people at Prior's Court
- A foyer area housing a reception for young people to learn vocational skills.
- An outdoor learning area with a canopy to support young people who may not be able to access the building itself.
- Specialised acoustics and darkened rooms with separate controls to provide appropriate lighting to support better inclusion. The ability to change the environment will enable Prior's Court to manage different levels of tolerance and respond to sensory needs and preferences.
- Viewing facilities to allow families to share in the experience, enabling them to watch performances virtually or in-person from a separate space. Most young people live at Prior's Court full-time, so it is important that their families are able to be part of their creative journey.

They say: "Autistic individuals face many barriers to accessing the arts – from light and noise sensitivities to understanding of social rules – and one aim of the centre is

to mimic theatre environments to prepare more young people – both at Prior's Court and outside of Prior's Court - to access arts venues in the community successfully.

"Prior's Court's ambition is to also use the centre to research best practice around providing support to access the arts, and sharing these learnings with others in the education and performing arts sectors for the benefit of autistic people, and their families, across the country and beyond."

● 01635 247202
● www.priorscourt.org.uk/PAC

London
Aspris Woodview School,
London Borough of Bromley



Due to open this autumn in Bromley on the Kent border, Aspris Woodview School will provide specialised education for young people on the autism spectrum aged from seven to 19.

The provision boasts science labs, food technology classrooms, computer science rooms, a kiln room, a photography room and an art therapy room. The site is also surrounded by a vast private wooded area, where students will be able to take part in outdoor education, such as forest school.

Head teacher Nicola Craig says: "I'm passionate about providing the best possible educational opportunities for all needs and abilities. My aim for Aspris Woodview School is that it will be a transformative environment for both our children and their families, where they will succeed and thrive with a sense of belonging."

● woodviewschool@aspriscs.co.uk
● www.aspriscs.co.uk/aspris-woodview-school

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Edgewood School is a new, state of the art independent specialist day and residential school for children and young people aged 7 to 16.

Pupils placed at the school will have a range of complexity and need, including: Autism, moderate to severe learning difficulties, speech, language and communication difficulties, and associated challenging behaviour.

CONTACT:

Lingswood Park, Northampton, NN3 8TA
Email: edgewood.info@senadgroup.com
Tel: 01604 931497 **Website:** senadgroup.com/edgewood



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Beat burnout

As reports emerge of the UK becoming a burnt-out nation, it is important to recognise how burnout can manifest in autistic people. Senior psychologist Dr Ana Silvestri offers tips to support someone who is experiencing autistic burnout, while Joe Fautley offers an autistic person's perspective of the problem

“
Being autistic means you're more prone to burnout than neurotypical individuals”

Heading for burnout: but you can help autistic people avoid this debilitating state

From struggling to maintain daily routines to experiencing problems managing thoughts, feelings and actions, an autistic person's day-to-day life can become deeply impacted when they experience burnout.

Autistic people can find it difficult to get the support they need. With societal pressures for people to work rather than receive additional help, autistic people could feel forced into situations that might worsen their stressors and put them at greater risk of burnout.

“Being autistic means you're more prone to burnout than neurotypical individuals,” says Jane Smith*, one of my clients, who suffered from autistic burnout as an accountant. Jane said: “I've since been signed off on sick leave and have decided to use this time to apply for jobs outside of the

practice – a change of environment feels like the only way I'll ever be able to get a break.”

When autistic people experience burnout, it may be difficult for them to access support by themselves. There may be a shortage of disability services available to help, or a lack of understanding from others. It's therefore important not only to offer support, but also to advocate for them. Having an awareness of the stigma and discrimination that is attributed to those on the autism spectrum is the key to providing good support and managing burnout.

Here are five tips to help someone with autistic burnout:

1 Educate yourself

Learn about autistic masking and try to adapt the way you interact so the autistic person does not have to suppress their autistic traits.

It can be helpful to make surroundings as autism-friendly as possible and ensure that the responsibility for this does not fall to the individual.

2 Highlight the person's strengths

Focus on an autistic person's strengths and qualities where they excel. Reassure them about how they are important to their life and the lives of others around them.

By pointing out the things they enjoy, you can help them reconnect with themselves in a positive way.

3 Remove them from stressful situations

It's important to try and understand an autistic person's triggers to help them in removing themselves from stressful situations.

Being aware of their safe spaces beforehand and helping them set clear boundaries in times when they feel overwhelmed is a great way to manage stress and advocate for them.

4 Validate their feelings

Accept their experience and validate their feelings and needs, as this allows them to feel acknowledged. Actively listen and

give them your full attention without interrupting or attempting to provide solutions. The best way to validate their emotions is by acknowledging them as valid in any given situation.

5 Adapt yourself to autistic-specific needs

One way to adapt yourself to autistic-specific needs is to adjust to an autistic person's preferred way of communication. This involves respecting their communication preferences, whether they feel more comfortable with verbal, written, or even visual communication.

By creating a supportive environment, you can help an individual recognise and celebrate their strengths.

To help those experiencing symptoms of autistic burnout, it's essential to offer genuine support. Advocating for and paving the way for autistic people to back themselves is important to ensure they receive the support they deserve to overcome burnout.



Dr Ana Silvestri is a senior psychologist at caba, an occupational charity:
www.caba.org.uk/

What is autistic burnout?

According to *Psychology Today*, autistic burnout describes “particular phenomena that many autistic people encounter while attempting to interact in a world that is often non-affirming. It's an accumulation of several factors: masking, pressures to adapt to neurotypical social expectations, sensory overload, changes to routine, unkindness from others, and more.”

It adds: “On the outside, it can look like withdrawal, fatalistic thinking, exhaustion, frustration, and disorganization. Inside, it can feel like a confusing mix of depression, anxiety, numbness, and/or an inability to keep up. Executive functioning takes a big hit. It's a real problem.”

Unlike burnout in neurotypical people, which often stems from competing stressors such as workplace pressure and relationship issues, autistic burnout arises from the stresses that present from having to live in a neurotypical society.

Feeling like you have to mask autistic traits, dealing with sensory triggers such as a noisy office

environment and a lack of understanding from neurotypical people can all be common causes of autistic burnout.

Symptoms can include:

- Feeling overwhelmed, even if there isn't much going on
- Irritability
- Anxiety
- Sleeping problems
- Digestive problems
- Random aches and pains
- Brain fog

Many autistic people experiencing burnout indicate that their health, particularly their mental well-being, suffers excessively. Depression and anxiety are both common symptoms among autistic people with burnout. Early warning signs of autistic burnout include:

- Behavioural changes, such as struggling with self-regulation
- Increased sensory sensitivity
- Changes to sleep patterns
- An increased need for stimming, such as flapping hands, biting nails or rocking

Advice for teachers in helping learners to avoid burnout

Joe Fautley, an autistic person and neurodiversity advocate, offers an insight into how everyday challenges can lead to burnout for those on the spectrum – and suggests strategies for educators in helping students in the classroom

I'm passionate about using my voice and lived experience to help inspire autistic people to be confident in who they are and embrace their identity, while also educating professionals to help them improve and develop how they engage with and support children and young people with special educational needs and disabilities.

It's essential for everyone in society to understand that autistic people face extensive challenges because the social world is not designed for us. We are not broken, we are unique. Autistic people have many important strengths and great potential to succeed through their own personal talents, with the right support from people who take the time to listen and understand our own individual needs.

For many autistic people like me, the world we live in is often unpredictable and confusing. We find it difficult to process information at a fast pace. Although everyone on the autism spectrum is unique and we have varying levels of support needs, we all face many challenges with communicating and interacting with others; managing sensory processing, fatigue and burnout; coping with often extreme anxiety and adapting to changes in routine and unfamiliar environments.

It's helpful to view the autism spectrum through four key areas of difference: understanding and using language; thinking flexibly; understanding and getting on with others; and sensory processing.

All autistic people are impacted by these key areas to a greater or lesser extent. It is paramount that staff have the tools

to ensure all autistic people are supported throughout their education. The important points below will help you with teaching and supporting autistic learners:

Don't forget autistic fatigue

Fatigue, and then subsequent burnout, can happen to anybody. Autistic people, however, can find both more challenging due to the pressures of everyday life, having to navigate social situations and sensory overload.

Trying to cope with these pressures can lead to exhaustion (autistic fatigue) and over time this can lead to autistic burnout. For me personally, managing fatigue can

be a difficult process, especially when I have had a stressful day.

Extreme fatigue can be caused by a variety of factors, including sensory overload and dealing with social situations. To support your autistic students, it really helps to allow time for rest breaks and to encourage different ways for them to de-stress, including, for example, mindfulness and breathing exercises.

Ensuring time for activities or interests that re-energise and promote relaxation is key. You can help them to plan and balance their activities and energy over a day or week to try and manage stress limits.

Don't underestimate anxiety

Anxiety is a powerful emotion and should never be underestimated. Personally, I encounter anxiety on a daily basis and this impacts my everyday life.

Autistic people are more likely to experience higher levels of anxiety daily, as they must navigate a complicated and often confusing sensory and social world. Anxiety can be triggered by a variety of factors, including difficulties with communication and social interactions and finding it hard to predict or adapt to certain sensory situations.

For me, extreme anxiety often leads to what I call 'zoning out' – a coping mechanism of the brain for dealing with stress that makes me switch off from what is happening around me. It's important for autistic students to have access to a dedicated quiet space where they can de-stress.

Having a 'time-out card' to alert staff that they need to have some time out of the room when their anxiety increases is a useful idea. Not all autistic people may be able to speak or articulate how they



Joe Fautley works at the National Children's Bureau. He is experienced in SEND advocacy, including co-delivering training across England and presenting at conferences. He also features in a short video published by the NHS on YouTube in which he talks about his experiences: www.ncb.org.uk/; www.youtube.com/watch?v=MDkP08VGMv8&t=7s



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are feeling when their anxiety becomes too high. It's important to make the most of visual tools such as alert cards to describe different emotions.

Give time to process information

Autistic people have difficulties with interpreting verbal and non-verbal language, such as gestures or tone of voice. We also have difficulty 'reading' other people – recognising or understanding others' feelings and intentions – and expressing our own emotions.

It's essential that teachers give plenty of time for autistic students to process information. We find it difficult to filter out all of what is being said to us. If there is too much information, this can lead to 'sensory overload'.

It's important to be aware of the sensory environment when you are speaking to your students, as

**“
We find it difficult
to process
information at
a fast pace”**

sensory differences may be affecting how much someone can process. For example, is it too crowded? Is there a lot of background noise? When giving information to students, it helps to speak slowly, not ask too many questions at once and pause between words and phrases to give them time to process what you've said, and to give them a chance to think of a response.

Avoid making assumptions

I find many people often assume that if an autistic person has succeeded in education, then they do not need any other support. From my experience, even though I have done well with my academic studies, I still need a lot of support with everyday life skills.

It's very important for people to avoid making assumptions: a person who is intelligent may still have significant needs impacting on their daily life. No one person is the same – take time to listen and find out what reasonable adjustments they might need. Understanding what works best for students as individuals is essential. For example, an adjustment could be to enable the student to leave the room slightly earlier so they can avoid the crowds. Small changes to your environment can make a big difference!



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Profile of abilities in girls

Thursday 10 October, 9am - 12noon

Understand strengths, and abilities, commonly experienced by autistic girls, as well as key challenges, including; developing an authentic self, navigating school, self-understanding, executive function, developing relationships, and self-advocacy.

Key takeaways

- The characteristics of camouflaging
- How to face key challenges experienced by girls
- Impact of co-morbid mental health issues
- Effective management techniques
- Inspiring strategies that make a real difference

Full details <https://bit.ly/3W685qv>

"Wow! Exactly the advice we needed to really understand, and help our daughter." Past delegate

Family Dynamics

Thursday 17 October, 9am - 12noon

Understand how autism affects the family in different ways. This talk will look at the stages of autism through childhood, puberty, and adolescence, stress management for all the family, key aspects of family life such as intense emotions, anxiety, and sleep.

Key takeaways

- Family dynamics with autistic children
- Managing key intense emotions for the family
- Revolutionary stress management techniques
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- Essential, easy to implement tips and advice

Full details <https://bit.ly/3Usz12v>

"Easy to understand with hacks making family life, and your child's, easier" Past delegate

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MENTAL HEALTH AND NEURODIVERSITY

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The M Word cic, was set up to help, support and advise parents, and their young people with mental health difficulties and neurodiversity, through screening, assessment, and therapy too, as well as help with SEND and school related challenges.

Their sister company, Emotional Problem Solving Ltd extends this support through education and training to professionals and parents.

The M Word cic is dedicated to supporting mental health and neurodiversity. Please get in touch for more information.

Nature versus ADHD medication

Many autistic children have a secondary diagnosis of attention deficit hyperactivity disorder (ADHD), while others who don't have that diagnosis still exhibit symptoms. Medication is the first port of call for medics, but parents are understandably concerned about side effects. Nutritionist Stella Chadwick discusses natural alternatives and behavioural approaches that can help children with ADHD, while on page 60 a psychologist discusses the positives as well as the challenges of the condition

Over the past decade, I've witnessed the profound impact natural alternatives can have on children with ADHD. My team and I believe that every child deserves the chance to thrive without immediately turning to medication.

Our passion lies in helping children find balance through personalised care, functional medicine, and nutritional therapy. We've seen incredible success with several supplements that are not only effective but also backed by scientific research. Before considering medication, I therefore encourage you to explore these natural alternatives.

Natural treatments

In a previous article in the September 2021 edition of *Autism Eye Magazine*, I emphasised the importance of addressing nutritional imbalances, gut health

“
Saffron is not just a
culinary spice but
also a powerful
medicinal herb”

and diet when managing ADHD. Ensuring adequate levels of essential nutrients such as magnesium, iron, zinc, copper, lithium and essential fatty acids can significantly impact ADHD symptoms. Probiotics and dietary adjustments, such as reducing sugar and managing gluten and dairy sensitivities, can also play a crucial role. Here are some of the top natural alternatives that have

shown promising results in managing ADHD:

Bacopa monnieri

Overview: Bacopa monnieri, also known as brahmi and water hyssop, is a traditional Ayurvedic herb renowned for its cognitive-enhancing properties. It contains active compounds called bacosides that enhance brain function, improve memory, and support neural communication. Research indicates its potential in managing ADHD symptoms, particularly in improving attention and cognitive processing, and reducing hyperactivity.

Evidence base:

Study 1: An open-label study with 120 children aged 6-12 years diagnosed with ADHD showed significant improvements in attention, cognitive processing and reduced hyperactivity over a 12-week period with a dosage of 225 mg/day. (Open-label means the researchers and participants knew which treatment was being administered; this can sometimes introduce bias, but is useful in real-world settings.)

Study 2: A randomised, double-blind, placebo-controlled trial with 85 children aged 7-13 years demonstrated improvements in learning and memory functions with a 320 mg/day dosage over 12



Stella Chadwick is the founder of the award-winning Brainstorm Health Clinic, providing expert nutritional and biomedical support for children and young adults on the autism spectrum, PANDAS, and PANS. www.brainstormhealth.co.uk

weeks. (Randomised means participants were randomly assigned to different groups, double-blind means neither the participants nor the researchers knew who was receiving the treatment or placebo, and placebo-controlled means the effects of the treatment were compared against a group receiving a placebo, to ensure the results were due to the treatment itself.)

Conclusion: Bacopa monnieri shows promise as a natural approach for managing ADHD symptoms, especially in improving cognitive functions such as attention and memory.

Saffron

Overview: Saffron, derived from the flower of *Crocus sativus*, is not

just a culinary spice but also a powerful medicinal herb. Its bioactive compounds, such as crocin and safranal, have been shown to influence neurotransmitter activity, making it a potential natural intervention for ADHD.

Evidence Base:

Study 1: A randomised, double-blind, placebo-controlled trial with 50 participants aged 6-17 years found that saffron was as effective as methylphenidate (a common ADHD medication) in reducing symptoms over an 8-week period with a dosage of 30 mg/day.

Study 2: Another clinical trial with 54 children aged 6-16 years showed similar reductions in ADHD symptoms with a 28 mg/day

Useful as well as beautiful: dried saffron threads and a crocus flower, from which this prized spice is harvested

dosage over 10 weeks. (Clinical trial refers to research involving human participants, aimed at evaluating the effects of treatments or interventions.)

Conclusion: Saffron offers a compelling natural alternative for managing ADHD symptoms, with research showing it can be as effective as conventional medications such as methylphenidate.

Omega-3 fatty acids

Overview: Omega-3 fatty acids, particularly EPA and DHA, are essential for brain health and function. These fats are crucial for maintaining cell membrane fluidity and facilitating neurotransmitter function. Research suggests that omega-3 supplementation can help reduce symptoms of ADHD, including inattention, hyperactivity and impulsivity.

Evidence base:

Meta-analysis: A meta-analysis of 16 clinical trials involving 1,514 participants aged 4-18 years showed moderate improvements in hyperactivity, attention and cognitive function with omega-3 supplementation, typically dosed at 1-2 grams/day. (Meta-analysis is a method that combines data from multiple studies to derive stronger conclusions about the overall effect of a treatment.)

Study 2: A study with 200 children aged 5-14 years reported significant improvements in attention and behaviour with a 1.5 grams/day dosage over 12 weeks.

Conclusion: Omega-3 fatty acids have a solid evidence base supporting their use in managing ADHD symptoms and are a valuable component of a comprehensive ADHD management strategy.

Zinc and magnesium supplements

Overview: Zinc and magnesium are essential minerals that play significant roles in brain function and development. Zinc is involved in neurotransmitter regulation, neuronal signalling and brain plasticity, while magnesium is crucial for neurotransmitter release and energy production in the brain.

Deficiencies in these minerals are often linked to ADHD, and supplementation can help

Empowering through diagnosis, play-based interventions and meeting underlying health needs

Re:Cognition Health is a pioneering brain & mind clinic providing autism and ADHD diagnostics, developmental programmes and a bespoke multidisciplinary service to clinically evaluate and manage underlying medical difficulties.

The team are leading providers in evidence-based and play-based interventions for children with autism. Programmes include:

Paediatric Autism Communication Therapy (PACT) for children aged 2-10 years which comprises parent/carer-led video feedback

Early Start Denver Model (ESDM) for babies and toddlers showing early autism signs, which consists of play-based parent coaching

The team are also motivated to help better understand unmet health needs in neurodevelopmental conditions that can impact on development including sleep, learning and quality of life. They have expertise in helping manage a variety of conditions commonly affecting individuals on the autistic spectrum such as constipation/ bowel dysmotility, gastroesophageal reflux, migraine, immune and metabolic differences.

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ADHD: DIET AND NUTRITION



Bacopa monnieri: a pretty herb known for its cognitive-enhancing properties

improve related symptoms.

Evidence base:

Study 1: Research involving 200 children aged 6-12 years with ADHD showed significant improvement in inattention and hyperactivity symptoms with zinc and magnesium supplementation over 10 weeks. In this study, the children were given 20mg of zinc per day and 200mg of magnesium (in the form of magnesium glycinate) per day.

The researchers noted that correcting these mineral deficiencies had a positive impact on managing ADHD symptoms, highlighting the importance of adequate zinc and magnesium levels for optimal brain function.

Study 2: Another study with 180 children aged 5-12 years found that magnesium sulphate supplementation at a dose of 300mg per day over an eight-week period led to improvements in hyperactivity and impulsivity.

The study's findings support the role of magnesium in ADHD symptom management, particularly for children who have low magnesium levels.

Conclusion: Zinc and magnesium supplementation can be crucial for children with ADHD, especially those with documented deficiencies.

Behavioural therapies

Overview: Cognitive Behavioural Therapy (CBT) and neurofeedback are non-medication approaches to managing ADHD that focus on developing coping mechanisms

and improving brain function.

These therapies aim to equip children with the skills needed to manage their symptoms effectively, providing them with tools to improve their attention, control impulsive behaviours, and enhance overall cognitive function.

By targeting the underlying behaviours and neurological patterns associated with ADHD,

“

I've witnessed the profound impact natural alternatives can have on children with ADHD”

these approaches can offer sustainable, long-term benefits.

Evidence base:

Study 1: A comprehensive review of 25 studies on CBT involving children and adolescents aged 6-18 years found significant reductions in ADHD symptoms, including improved attention, reduced impulsivity, and better overall behaviour.

The duration of CBT interventions in these studies typically ranged from 12 to 20 weeks, with sessions often held weekly or biweekly. CBT in these studies involved techniques such

as teaching children how to recognise and change negative thought patterns, developing problem-solving skills, and practising relaxation techniques.

The review highlighted that the benefits of CBT were not only evident during the treatment period but also maintained for several months after the therapy had ended, indicating its long-lasting effects.

Study 2: A meta-analysis of 15 studies on neurofeedback with participants aged 7-18 years reported consistent improvements in attention and executive function in children with ADHD.

The neurofeedback interventions generally spanned 20-40 sessions, each lasting about 30-60 minutes. In these sessions, children were trained to regulate their brainwave activity using real-time feedback from electroencephalography (EEG).

The studies included in the meta-analysis showed that neurofeedback led to significant and sustained improvements in attention, working memory, and self-regulation, with many children continuing to experience benefits long after the sessions had concluded. This suggests that neurofeedback can produce lasting changes in brain function, which are crucial for managing ADHD symptoms.

Conclusion

Behavioural therapies such as CBT and neurofeedback offer effective, long-term strategies for managing ADHD, particularly when they are integrated with other approaches such as dietary adjustments and supplements.

Final thoughts

Choosing the right path for your child's ADHD management can be daunting. From my family's journey and our clinic's extensive experience, I know the value of exploring natural alternatives.

Supplements such as Bacopa Monnieri, saffron, omega-3 fatty acids, zinc and magnesium, along with behavioural therapies, have shown benefits.

A holistic approach, combining diet, supplements and behavioural strategies, can significantly support your child's well-being.

Harness their superpowers

Having your child diagnosed with ADHD or receiving a diagnosis in adulthood should not be seen as a disaster, says psychologist Sarah Walsh. Instead, focusing on the hidden strengths that often come with the condition can make all the difference

Two kinds of ADHD

ADHD symptoms are generally categorized into two main types: inattention and hyperactivity/impulsivity.

Inattention:

- **Difficulty sustaining attention:** Individuals with ADHD often struggle to maintain focus on tasks or activities, especially those that are repetitive or lack immediate reward.
- **Careless mistakes:** Frequent errors in schoolwork or work tasks due to oversight.
- **Listening challenges:** Appearing not to listen when spoken to directly, even without obvious distractions.
- **Organizational difficulties:** Trouble organizing tasks and activities, leading to disordered workspaces and missed deadlines.
- **Avoidance of sustained effort:** Reluctance to engage in tasks that require prolonged mental effort, such as homework or preparing reports.
- **Easily distracted:** Quickly diverted by external stimuli, including unrelated thoughts.
- **Forgetfulness:** Often forgetting daily activities and responsibilities, such as chores, errands or appointments.

Hyperactivity/Impulsivity:

- **Fidgeting:** Constantly moving or tapping hands and feet or squirming in their seat.
- **Inability to stay seated:** Difficulty remaining sitting down in situations where it is expected, such as in the classroom or office.
- **Excessive movement:** Running or climbing in inappropriate situations, often experienced as a feeling of restlessness.
- **Difficulty with quiet activities:** Challenges in engaging in leisure activities quietly.
- **Talkativeness:** Excessive talking that may interrupt conversations or disrupt classroom activities.
- **Impulsivity:** Hasty actions that occur without forethought, which can lead to harm or difficulty in social settings.
- **Interrupting:** Intruding others' conversations or games, or having difficulty waiting for their turn.

ADHD, or Attention-Deficit/Hyperactivity Disorder, is a neurodevelopmental condition that impacts children and adults alike. It is marked by symptoms such as inattention, hyperactivity and impulsivity; these can differ significantly from one person to another, making ADHD a highly individualized disorder.

The UK's National Institute for Health and Care Excellence estimates the global prevalence of ADHD in children to be around five per cent, and in adults in the UK at three to four per cent. In the US, Forbes Health reported last August that approximately 8.7 million adults live with the condition.

Moreover, around 265,000 children aged three to five and 2.4 million children aged 6–11 in the US are affected by the condition.

Although ADHD often comes with negative misconceptions and stigma, recognizing and harnessing its unique strengths can lead to significant advantages and personal growth for the child or adult. Despite its prevalence, ADHD is often misunderstood as simply an inability to pay attention or being overly energetic, but it's much more complex.

Unfortunately, misunderstandings can lead to assumptions that stigmatize and disadvantage those with the condition. Misconceptions arise from observing behaviours that appear to be due to a lack of effort. However, ADHD is a legitimate medical condition with neurological underpinnings that

“

ADHD's unique strengths can lead to significant advantages and personal growth”

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ADHD: PSYCHOLOGY



Sarah Walsh completed her Doctor of Psychology degree at Rutgers University in New Jersey and is a practising psychologist in the state

affect self-regulation and executive functioning. While the condition is often diagnosed in childhood, it can persist into adulthood. Many adults remain undiagnosed and may struggle with symptoms throughout their lives.

Adult ADHD can manifest differently. It often appears more as inattention and executive dysfunction (the brain's ability to control thoughts, emotions and behaviour), so it therefore affects the ability to manage and control other cognitive processes.

There is an assumption that people with ADHD can't pay attention to anything. In reality, individuals with the condition can often hyperfocus on activities that interest them, sometimes to the exclusion of everything else. This ability to concentrate intensely can be an advantage in certain contexts, although it can also lead to challenges in balancing priorities.

“ADHD is often misunderstood as an inability to pay attention or being overly energetic”

ADHD is a complex neurological condition that presents in three subtypes: inattentive, hyperactive/impulsive, and combined type. The primary treatments for ADHD are typically medication-based.

Although medication can sometimes be effective in managing symptoms, it is not the only treatment. Behavioural therapies, lifestyle changes, educational interventions and

coaching are also crucial components of a comprehensive treatment plan. See the feature by Stella Chadwick on page 56 for suggestions on natural treatments..

Unique strengths

When most people think of ADHD, they often focus on the challenges it brings. But what if I told you that ADHD comes with a set of hidden superpowers? Those with ADHD possess remarkable abilities such as hyperfocus on passions, creative problem-solving, and innovative thinking.

In his new book, *ADHD Is Awesome: A Guide to (Mostly) Thriving with ADHD* (Harper Horizon, 2024, around £20/\$29.99 online in hardback), Penn Holderness, who has ADHD, describes it as a “superpower” that boosts his ability to hyperfocus on interests, creatively solve problems, and think outside the box. ➤

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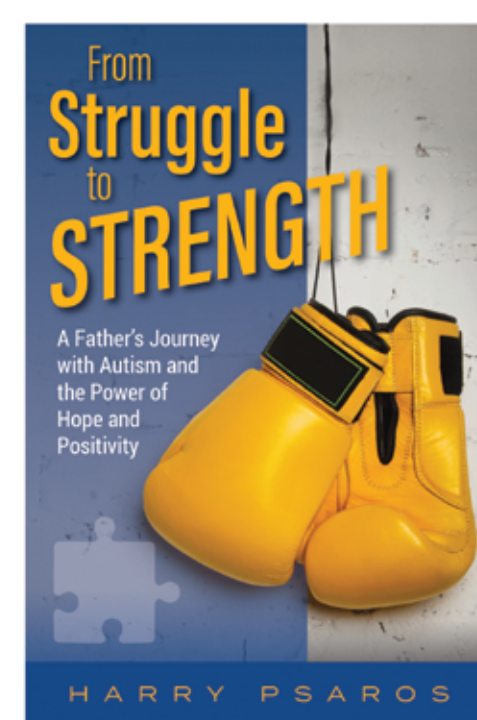
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Many fathers resist assisting their children on the autism spectrum. Some are too stubborn or macho to accept the autism diagnosis. And once upon a time, Harry Psaros was that guy. Harry wants to be a voice for dads in the autism fight.

What inspired you to write your book?
“My wife and I felt alone and isolated when our son was diagnosed with autism, adrift on an island with no one who truly understood. But in those lonely moments, I vowed that no other parents would feel so abandoned. Now, 20 years later, I know the time has come to share the lessons I’ve learned on this journey with Gus.”

Harry Psaros

From Struggle to Strength is available at Amazon.com and BN.com.

Visit harrypsaros.com

Helpful resources

Finding useful resources for ADHD can greatly support individuals in managing their symptoms, improving their quality of life, and gaining a better understanding of their condition. Here are some resources:

Educational websites and organizations

- **CHADD** (Children and Adults with Attention-Deficit/Hyperactivity Disorder): CHADD is a national non-profit organization providing education, advocacy, and support for individuals with ADHD and their families. The organisation's website offers resources such as articles, webinars, and local support groups: <https://chadd.org/>
- **ADDitude Magazine**: This website offers expert advice, articles, and community forums for people affected by ADHD. It covers a wide range of topics, including parenting strategies, workplace issues, treatment options, and personal stories: <https://www.additudemag.com/>

- **Reddit ADHD Community**: Reddit hosts an active community (r/ADHD) where individuals affected by ADHD share personal experiences, ask questions, and provide support to one another. It's a valuable resource for connecting with peers and gaining insights into coping strategies: <https://www.reddit.com/r/ADHD/>

Books and publications

- ***Driven to Distraction*** by Edward M. Hallowell and John J. Ratey. This book provides insights into ADHD and offers practical advice for managing symptoms in daily life. It's a valuable resource for understanding ADHD from clinical and personal perspectives. The price is around £19.18/\$20 online in paperback.
- ***Taking Charge of Adult ADHD*** by Russell A Barkley. Dr Barkley, a leading expert in ADHD, offers strategies for adults with the condition to take control of their

symptoms and improve their productivity and well-being. It's around £16.99/\$16.74 online in paperback.

Mobile apps

- **Mindfulness apps**: examples such as Headspace and Calm offer guided meditation and mindfulness exercises that can help individuals with ADHD improve focus and reduce stress.
- **Task management apps**: examples such as Trello, Todoist, and Any.do provide tools for organizing tasks, setting reminders, and managing time effectively, which can benefit adults with ADHD in maintaining productivity.
- **Living with ADHD** requires managing specific challenges such as impulsivity, difficulty with organization, and maintaining focus. Understanding these issues helps us create supportive environments and effective strategies that build resilience and enhance well-being.

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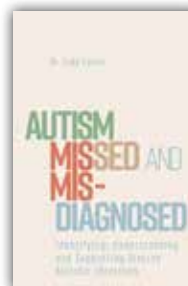
Navigating life as a young autistic person with ADHD isn't always easy. Luckily, Sarah Boon is here to share her own experiences, helping readers to explore how autism and ADHD overlap and

identify the strategies that will make day-to-day life less stressful.

With chapters focused on adulting, relationships and communication, emotional wellbeing, and mental health, navigating the workplace and more, this book offers practical, tried-and-tested guidance to help you understand autism and ADHD and overcome some of the hurdles that adulthood may produce.

● Jessica Kingsley, £14.99/\$19.95 paperback

Autism Missed and Mis-Diagnosed: Identifying, Understanding and Supporting Diverse Autistic Identities



Autism presents in a multitude of highly nuanced ways – particularly as it intersects with variance in class, gender, race and age. Misunderstanding and misinformation around differing presentations

means that misdiagnosed individuals and those who do not receive a diagnosis at all are often failed by medical, education, social care and criminal justice systems. They are detained in inappropriate settings; don't receive beneficial therapeutic input; have their families accused of fabricated or induced illness (FII); are kept in prison or youth offending institutions longer than their original tariffs,

and shockingly their life expectancy is often curtailed as a result.

This comprehensive resource will help multidisciplinary professions to understand, contextualise, and better identify diverse autistic presentations. It includes an overview of the autism diagnostic process, an exploration of controversial and commonly confused diagnoses such as PDA, ODD, CD, ASPD, and BPD; discussions of best practice for investigating FII; and analysis of the specific challenges of autism diagnosis in relation to women and girls, BAME communities, schools, and the criminal justice system.

● Jessica Kingsley, £25.99/\$32.95 paperback

Girl Unmasked: How Uncovering My Autism Saved My Life



This book tells an unfortunate tale that will resonate with many families, since it shines a light on the failure of health services to offer any real help to improve the lives of autistic people. Writing the book, says author

Emily Katy, was life-saving and for people struggling to understand their autistic experience, this book will show that you are not alone.

To the outside world, Emily looks like a typical girl, with a normal family, living an ordinary life. But inside, Emily does not feel typical, and the older she gets, the more she realises that she is different.

As she finally discovers when she is 16, Emily is autistic. *Girl Unmasked* is the extraordinary story of how she got there – and how she very nearly didn't.

Still only 22, Emily writes with startling candour about the years

leading up to her diagnosis. Books and imagination became her refuge as she sought to escape the increasing anxiety and unbearable stresses of school life. Her OCD almost destroyed her; a system that did not understand autism let her down; and she came so close to the edge that she and her family thought she would never survive.

In this simple but powerful memoir, we see how family and friends became Emily's lifeline and how, post-diagnosis, she came to understand her authentic self and began to turn her life around. She eventually became a mental health nurse with a desire to help others where she herself had once been failed.

Ultimately uplifting, *Girl Unmasked* is a remarkable insight into what it can be like to be autistic – and shows us that through understanding and embracing difference we can all find ways to thrive.

● Monoray, £18.99/\$26.89 hardcover The Autist's Guide to the Galaxy: navigating the world of 'normal people'



Following the international success of her memoir, *The Autists*, Clara Törnvall has returned with this fresh and insightful guide to neurodiversity, flipping the script on how we understand 'normal' behaviour.

By highlighting the behaviours that neurodiverse people find odd or confusing about neurotypicals, the book provides neurotypical readers with a unique lens through which to view their own actions and social norms.

● Scribe, £9.39/\$19 paperback

Understanding Autistic Burnout Workbook



Autistic burnout is said to be experienced by eight out of 10 autistic and other neurodivergent people. This book by Viv Dawes explains what autistic burnout is, the symptoms, the causes, triggers and what can help the

person experiencing it. There is a symptom tracker, worksheets to help identify triggers, and support sheets that can be used to explain symptoms.

● Independently published A4 paperback, £18/\$22.03 online

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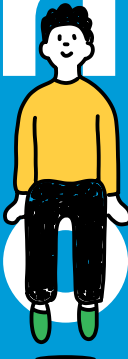
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