

2025-2030  
North Yorkshire  
Autism all age Strategy



## Contents

Foreword.....	3
Executive summary .....	5
Introduction .....	6
What we have heard.....	9
Vision and priorities .....	10
Local picture.....	12
Priority 1 Inclusive Communities.....	17
Priority 2 Assessment, diagnosis and support.....	20
Priority 3 Education and preparing for adulthood.....	24
Priority 4 Health and care.....	26
Priority 5 Adult and youth justice.....	29
Priority 6 Housing.....	32
Priority 7 Employment.....	34
Priority 8 Carers.....	37
Delivering our strategy.....	39
Glossary .....	46
Acknowledgements.....	48

# Foreword

Within North Yorkshire, we have over 6,000 children, young people and adults who describe themselves as autistic. Therefore, it is right that we take special consideration and care over their particular needs.

We have heard from autistic people and their families that autism is an important aspect of their identity and something that we believe should be seen as part of the rich tapestry of life which enhances communities, bringing diversity of insight and thought in a positive way.

The development of this strategy therefore has approached autistic people through a lens of curiosity. We have brought people together to hear views and experiences and learn from the individual stories. We realise that we need to “do better” when developing all aspects of an autism system, whilst acknowledging there are certain areas where we are already considering and adjusting for autism in a positive and affirming way.

Ultimately, if we succeed in our ambitions, our role will be far less, as we aspire for people with autism to simply be. Support should be individualised and provided even before that affirming diagnosis. Small adjustments to maximise potential will be the norm. All organisations, including schools, businesses and leisure facilities will understand how best to support and enhance the experience of their autistic students, employees and visitors for the resulting benefit of all. We should be empowering autistic people to be the best they can be and enabling them to know themselves and support themselves in whatever form best suits them.

I wish to thank every individual and organisation that contributed to the development of this ambitious and insightful strategy. Without such engagement and challenge, we could not have produced the vision and priorities that will improve the lives of all those with autism living and working in North Yorkshire.



**County Councillor Michael Harrison**  
*Executive Member Public Health  
 and Adult Social Care  
 Chair of North Yorkshire Health  
 and Wellbeing Board*

# Working to support the needs of autistic people

Although I have seen some changes since the Autism Act 2009, we all still have lots to do to ensure autistic people have the same opportunities as everyone else and to fulfil their potential. Whether that be in education or employment. This strategy sets out the steps for us all to make a difference.

I wanted to share my experience of being fully involved in the autism strategy process, helping to set out the expectations on local services across North Yorkshire, working together to support and meet the needs of autistic people and their families.

I have felt valued and travelled all over North Yorkshire, to show support for the delivery of the consultation and “been the face and voice” of lived experience from the Autism Strategy steering group, sharing the hosting of the consultation, played a role in fronting the public consultation with the autism strategy team and presenting the draft strategy for people to give their views.

I have shared my experiences of working with North Yorkshire Council on the strategy - and given people some of the background to my wider national and local work that will support this strategy and my experiences as a carer.

This has helped and encouraged other people to give their views and to know that North Yorkshire Council would be listening.

It sent a powerful message to our community of autistic people and carers to see lived experience standing alongside the autism strategy team.

**Hazel Griffiths**  
*Carer and autistic lived experience advisor*

# Executive Summary

Autism is a lifelong neuro-developmental condition that affects how people perceive, communicate, and interact with the world. Whether people find out they are autistic as a child, young person, or adult, being autistic is often an important part of a person’s identity for the whole of their lives. We have heard examples of children and young people being diagnosed with autism and then parent carers also being diagnosed or self – identifying as autistic later.

Since the introduction of the Autism Act 2009, we have seen improvements in support for autistic adults and young people across North Yorkshire, as well as a greater awareness of autism in society. Despite these advances, we recognise that more work is needed to be done to improve autistic people’s lives in North Yorkshire.

The strategy aims to respond to the [National strategy for autistic children, young people and adults: 2021 to 2026](#) and respond to the feedback from the engagement and consultation events for the North Yorkshire autistic community.

Autistic people’s experiences have been the driving force behind the strategy. We’ve collaborated with autistic individuals, families, carers, the voluntary community sector and public sector partners to create it.

We as the North Yorkshire Autism group of partners are committed to the delivery of the strategy. We realise to achieve our vision will require time, determination and dedication. Therefore we will work with autistic people to improve their experiences and outcomes. We look forward to the challenge and hope they will keep us accountable as we strive to make a positive impact. By working together, we will “enable autistic people, carers and their families to enjoy full, happy and healthy lives”.



# Introduction

We understand that autistic people have different ways of describing themselves and that they may identify with a wider group of people who are “neurodivergent” or “neuro diverse”. We recognise that the Equality Act (2010) considers autism as a disability, but we also know that not all autistic people see themselves as disabled.

Autism is often called a spectrum condition because it can impact on people in many ways. They may need to access different levels of support across their lives in areas such as education, employment, housing, health, and care or within their communities.

For decades autism has been misunderstood and misdiagnosed. Now is the time to stop adding to the legacy. Autistic individuals with the right support will thrive; we need to understand their unique differences, and ensure they are respected and supported, especially by focusing on their strengths and interests.

The Autism Act 2009 is one of only two condition-specific pieces of legislation in England currently. Under the Autism Act, the Secretary of State for Health and Social Care has a duty to publish a strategy and associated statutory guidance to meet the needs of autistic adults in England. Since the Act was passed, the Government has published three autism strategies and one guidance.

**Autism is individual...  
If you have met one autistic person,  
you've met one autistic person.**



The National Strategy for Autistic Children, Young People and Adults 2021-2026, is the newest and has extended the age remit to include autistic people of all ages. This strategy is supported by the National Disability Strategy (2021); the Health and Care Act 2022; People at the Heart of Care: adult social care reform white paper; Transforming Support: The Health and Disability White Paper; Building the Right Support Action Plan; and the SEND and alternative provision improvement plan: right support, right place, right time. The Government has invested funding to the NHS Long Term Plan (2019) to deliver the priorities outlined in the strategy.

This all-age strategy sets out an overarching vision and priorities to improve the lives of autistic people and their families and carers in North Yorkshire. Our strategy is led and will be delivered through the North Yorkshire Autism Group of partners, from carers and advocates to voluntary sector organisations, as well as agencies responsible for health, care, education and criminal justice.

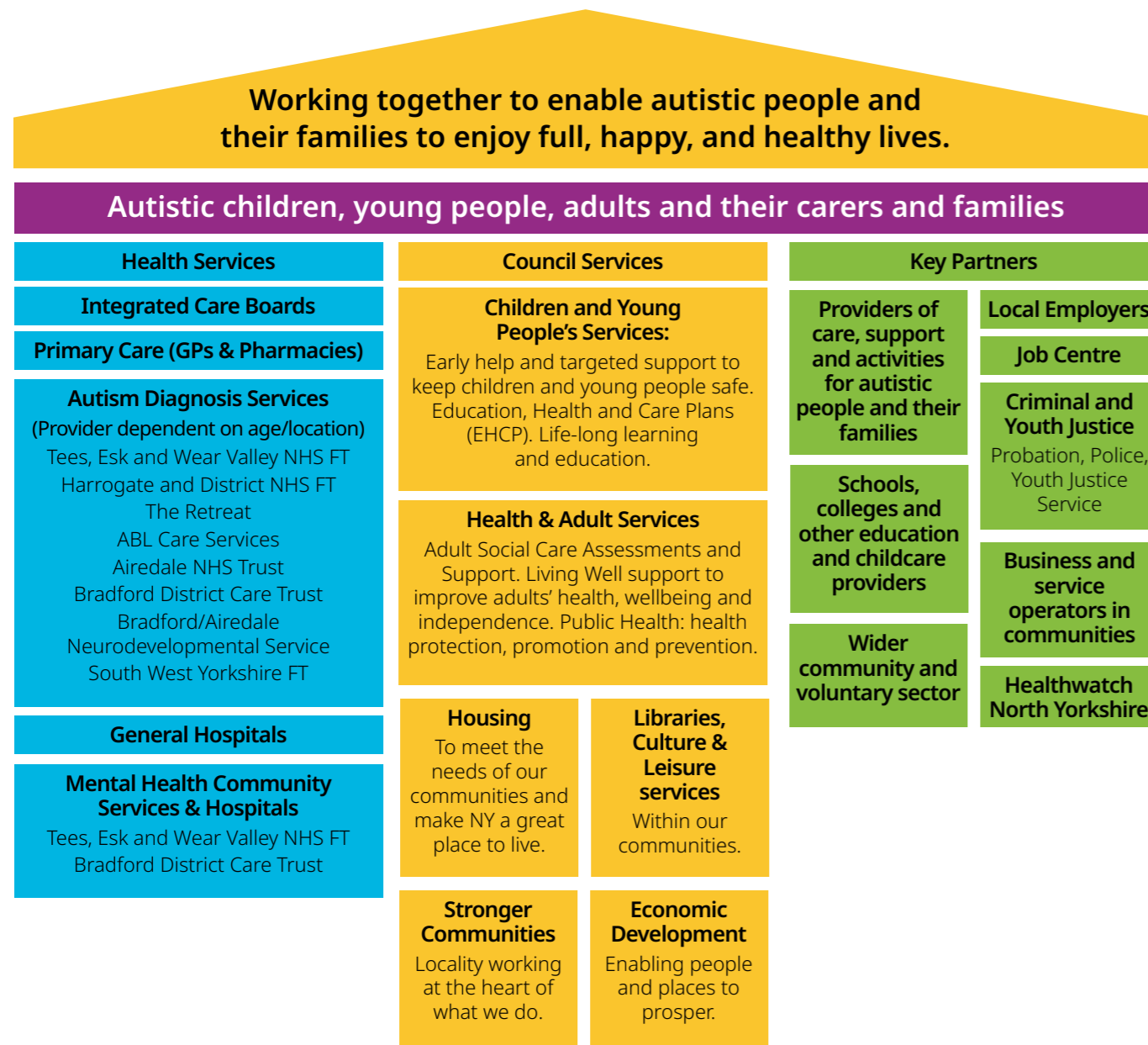
The strategy has been informed through discussion at North Yorkshire Council Management Board, North Yorkshire Council Scrutiny of Health Committee, North Yorkshire Joint Health and Wellbeing Board and various leadership teams.

We have also looked at what local and national data and research tells us. We reviewed the progress made under our previous strategy, ‘Changing the landscape of Autism’ and have included some case studies in this document. We know that there is still a lot of work to do; our new strategy addresses the areas which are most important to people as well as being a local response to the national strategy.

We are grateful to the wider autism network of autistic people, carers, staff, partners and wider community services who have contributed to this strategy. Their experiences, views and ideas have been shared through a series of events, workshops, surveys and conversations.



# Our partnership in North Yorkshire



# What our North Yorkshire residents have told us

Throughout the strategy development, we have consulted and engaged with North Yorkshire residents to help shape our priorities and actions. Here is what we have heard. Please refer to the comprehensive consultation report in *Appendix 2*.

"The criminal justice system should focus generally on rehabilitation. It would not be appropriate to punish people for their autism. I find talking to police scary and uncomfortable".

"Most people have little understanding of autism/ neurodiversity or have a very rigid/stereotypical approach"

"Longer appointment rarely available and not having a diagnosis I often get refused adjustments."

"I have learnt a script for explaining my needs that minimises disruption and makes it clear how businesses can fulfil their obligations."

"Gaining and reviewing EHCP has been a battle and extremely stressful for both parents and autistic son. Adjustments made by schools have all been done where possible."

Links between autism and poor health outcomes are well known with up to 30 years shorter life expectancy for autistic people.

"I have been left to cope alone with zero support."

"My 12-year-old daughter has recently received a formal diagnosis for Autism, mostly positive experiences but hoping for more understanding from school with the difficulties she has."

"I want to be able to live away and go to University".











# Our vision and priorities

The vision and priorities are derived from feedback gathered during both the engagement events and the consultation events.

**Vision:** “Working together to enable autistic people, carers and their families to enjoy a full, happy and healthy lives “

We will focus on **eight priority** areas.

Inclusive communities	
Assessment, diagnosis and support	
Education & preparing for adulthood	
Health and care	
Adult and youth justice	
Housing	
Employment	
Carers	

We will achieve our vision by delivering on the following **ambitions**.

- Everyone **can access the support they need** when they need it. Access to assessment and diagnosis happens as **early as possible** in a person’s life, with priority for those with greatest need.
- Autistic children and young people **thriving at school and into adulthood**.
- Autistic people **thriving at work**.
- To support autistic young people and adults with **appropriate housing**.
- **Parents, carers and families** of autistic people are **supported to thrive**.
- Autistic people of **all ages live healthier and longer lives**, supported by **autism-friendly** health and care services.
- Autistic children, young people and adults are **well supported when accessing the criminal and youth justice systems**.
- North Yorkshire is an inclusive place to live, work and visit.

To help us deliver our strategy we will focus on



# The local picture

Between 2.6% and 5% of the UK population is autistic. Research also shows that autistic people are more likely to have multiple conditions such as ADHD or dyspraxia or a learning disability.

There are wide variations between the data sources on autism. This makes it difficult to accurately estimate the size and characteristics of the population within the community that are autistic. However, a common factor across most data sources is increasing prevalence over time. This reflects improved recognition and diagnosis, particularly among children and younger people.

## Prevalence projector

Projecting Adult Needs and Service Information (PANSI) estimates of the autism population are based on 1% of the ONS population projections. The populations projections indicate a 2% reduction in the age-group across YHR 2020 to 2035.

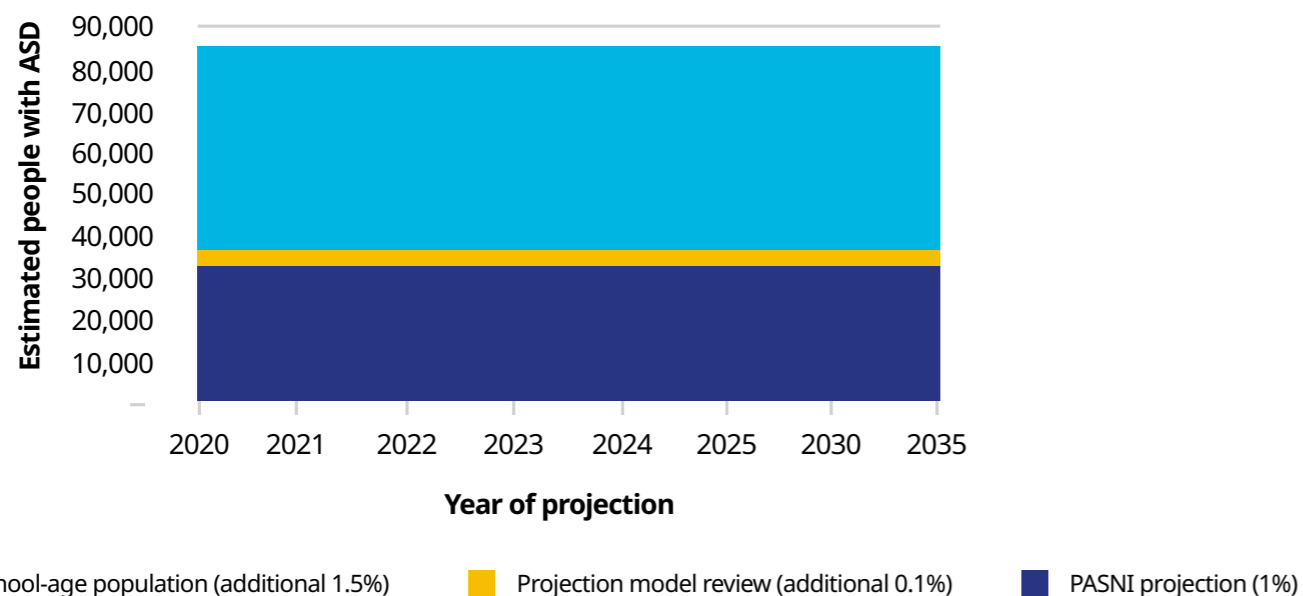
Underlying 2007 research extended in 2012 to include people with learning disabilities which indicated a revised prevalence rate of 1.1% (additional 0.1%).

Annual school census data for 2023/24 indicated a prevalence rate across all age groups of 2.6% for YHR (additional 1.5%).

The original research included a higher prevalence amongst men - 2% compared with women 0.3%. POPPI and PANSI extend that difference to 9:1.

In the school-based data, the gender split reduces to 3:1, with boys having the higher prevalence.

## Building on PANSI ASD Projections: 18-64 year-olds in Y&H Region



## School aged prevalence

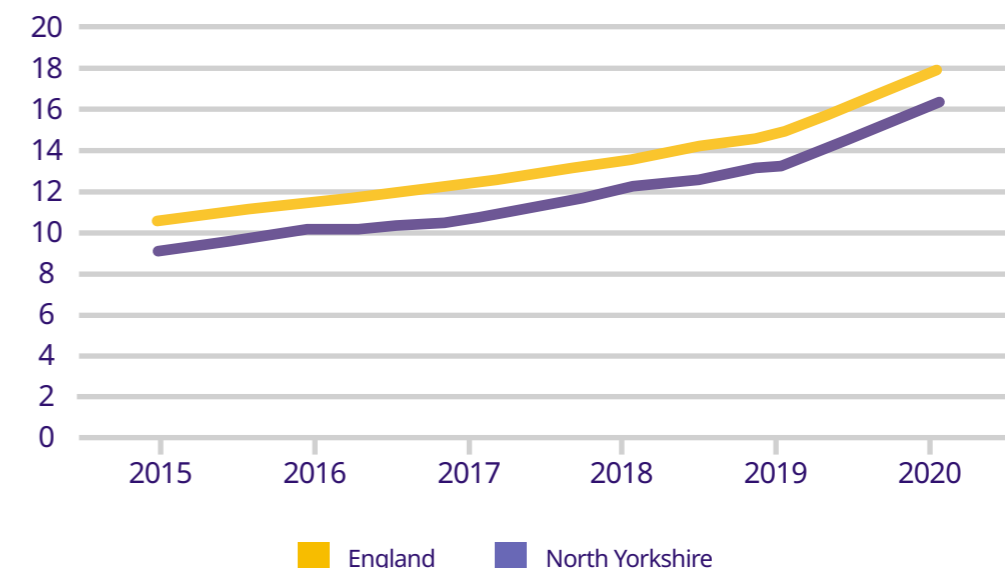
The number of EHC plans in North Yorkshire mainstream schools (primary and secondary schools) has approximately doubled from 1158 in January 2019 to 2079 in January 2024, according to the January school census, an increase of 80% in that five year period. There have also been increases in the number of children receiving SEN Support, increasing from 8586 in January 2019 to 10484 in January 2024, +22%. As of 2023, 13.0% of the mainstream school population nationally were recorded as SEN Support, compared to 12.5% in North Yorkshire.

Comparisons with national rates (based on 2023 DfE figures) show that the proportion of EHC plans for Autistic needs in North Yorkshire schools is slightly above that of national. In 2023 (January 2023, school census) 34.6% of EHC plans in North Yorkshire primary schools were for a primary need of Autism and 32.4% in secondary schools, compared to 31.5% and 28.7% national rates respectively.

Similarly, identified primary needs of Autism for recorded SEN Support are slightly higher in North Yorkshire schools. In 2023, 8.3% of primary school pupils with SEN Support were recorded as having Autism needs and 12.7% in secondary schools, compared to 6.7% and 10.6% national rates respectively.

North Yorkshire council maintained a total of 4927 EHC plans as of January 2024 for children and young people aged up to 25, when a total of 1892 were recorded as having a primary need of Autism, representing 38% of the total. EHC plans for Autism continue to see the biggest increases for the council, with approximately an additional 1000 plans being recorded since the same point in 2019, a 120% increase in 5 years. The increase in North Yorkshire maintained EHC plans for all need types over the same period was 74% comparably (+2102, 2825 in 2019 to 4927 in 2024).

## Children with autism known to schools crude rate per 1,000 pupils, 2015-20



## Trends in autistic spectrum disorder diagnoses

There has been a consistent increase in the proportion of children with autism known to schools. North Yorkshire rates have remained broadly in line with the national average. Source: [Learning Disability Profiles](#), OHID Fingertips Learning Disability Profiles, OHID Fingertips

This is in line with wider diagnosis trends, for example, a study by [Russell et al. 2021](#), showed that between 1998 and 2018 there was a 787% exponential increase in the incidence of autism diagnosis. This increase was largest in adults and in females compared to children and males respectively.

## Autism waiting times

Long waiting times for assessments are thought to contribute to continued underdiagnosis, including for those in younger age groups. This means that levels of autism may still be underreported. Together with low levels of historic diagnosis, particularly for females and minority groups, this suggests that the actual number of autistic people is likely to be far higher than is reflected in the data.

## Physical & primary health inequalities for autistic people

Most medical conditions are more prevalent in the autistic population, including diabetes, hypertension and obesity. Autistic people experience premature mortality with life expectancy potentially reduced by 16–30 years. In-hospital mortality is also increased. Autistic people are over two times as likely to use Emergency Departments and to die after attending emergency care and three times as likely to require inpatient admission. (Doherty et al (2022). Autistic adults in the UK without co-occurring learning

disabilities have a life expectancy six years shorter than the general population.

Autistic people were far less likely than non-autistic people to say that they could describe how their symptoms feel in their body, describe how bad their pain feels, explain what their symptoms are, and understand what their healthcare professional means when they discuss their health. Autistic people were also less likely to know what is expected of them when they go to see their healthcare professional, and to feel they are provided with appropriate support. (Weir et al (2022)

Links between autism and poor health outcomes are well known with up to 30 years shorter life expectancy. GPs have limited training on autism and only a minority feel confident when treating autistic patients. Telephone triage has long been part of primary care delivery and the proportion of consultations offered by telephone increased markedly during the pandemic and continues to play a significant role in the delivery of health care. This can be challenging for autistic patients and affect access to care. Autistic adults report that barriers to primary care lead to poorer health outcomes, identifying predictability, sensory processing, and communication as key domains under which such barriers fall. Johnson, Doherty and Shaw (2022)

## Mental health inequalities

Almost 8 out of 10 autistic people without a learning disability experience mental health difficulties, more than 3 out of 10 autistic adults have attempted suicide (UK data) Cassidy and Rogers (2017)

Autism and autistic traits are risk factors for suicidal behaviour – this study showed that evidence of autism was significantly higher in those who died by suicide (11.8%)

than the 1.1% prevalence of autism in the UK and when autistic traits were taken into account this rose to 41%. Cassidy (2022)

Mental health assessments and interventions developed for the general population often do not meet the unique needs of autistic people; for example, differences in social communication and camouflaging one's autistic traits, in order to "fit in" in social situations. Therefore, interventions need to be adapted in order to meet their needs. Camm-Crosbie et al (2018)

The % of autistic people with mental health problems is 4 x higher (51%) than people without (11%), more than 25% of autistic people receive two or more diagnoses of mental health problems and around 15% of autistic people (compares to 2.8% of non autistic people) are hospitalised due to a mental health problem. Taylor (2021)

## Limitations of data sources

There are wide variations between the data sources on autism. This makes it difficult to accurately estimate the size and characteristics of the population within the community that have autism. However, a common factor across most data sources is increasing prevalence over time. This reflects improved recognition and diagnosis, particularly among children and younger people.

Long waiting times for assessments are thought to contribute to continued underdiagnosis, including for those in younger age groups. This means that levels of autism may still be underreported. Together with low levels of historic diagnosis, particularly for females and minority groups, this suggests that the actual number of people living with autism is likely to be far higher than is reflected in the data.

*Appendix 1 – Autism data pack has more detailed analysis.*

# Challenges in England

There are several national challenges related to autism that impact individuals on the spectrum, their families, and society as a whole. These challenges include:



**Access to Diagnosis and Timeliness:** There is often a significant delay in receiving a diagnosis for autism, with many individuals waiting months or even years to be assessed. This delay can impact early intervention and support, which are crucial for positive outcomes.

**Inconsistent Support Across Regions:** The availability and quality of services for people with autism vary significantly across different regions in England. Some areas may offer comprehensive support, while others may lack sufficient resources or expertise to address the needs of individuals with autism.



**Education and Inclusion:** Many children with autism struggle to access mainstream education in an inclusive setting that meets their needs. There are issues with ensuring that schools and educational staff are adequately trained to support students with autism, and many face challenges accessing appropriate special educational needs (SEN) provisions.

**Transition to Adulthood:** Young adults with autism often face challenges as they transition from childhood services to adult services. This transition is frequently marked by a lack of tailored support for employment, further education, independent living, and mental health, leading to social isolation and a lack of opportunities.

**Employment and Employment Support:** Adults with autism experience high unemployment rates, and those who are employed often face discrimination or a lack of support in the workplace. Employers may lack understanding or accommodations for individuals on the autism spectrum.

**Healthcare Access:** People with autism may face difficulties in accessing healthcare services, including general practitioners (GPs) and specialists, due to communication challenges, sensory sensitivities, or a lack of autism-aware practitioners.

**Mental Health Issues:** Individuals with autism are at a higher risk of mental health conditions, such as anxiety and depression, but mental health services often fail to adequately accommodate their needs. There is also a lack of specialized mental health services for those with autism.

**Social Understanding and Stigma:** There is a continued lack of awareness and understanding about autism among the general public, which can lead to stigma, discrimination, and social exclusion. Misunderstandings about autistic behaviour can impact social interactions, employment opportunities, and access to services.

**Financial Support:** Many families and individuals with autism face financial challenges, especially those who require additional care or support. While some financial aid is available, navigating the system can be difficult, and there are concerns about the adequacy of benefits for those with autism.

**Policy and Advocacy:** Although progress has been made in developing policies to support people with autism, there are still gaps in policy implementation, and advocacy efforts are often fragmented. Some individuals and families find it difficult to advocate for their rights or access the support they need due to bureaucratic hurdles or a lack of clarity about available services.

Addressing these challenges requires ongoing efforts in policy reform, public awareness, investment training for professionals, and improved service delivery to ensure that individuals with autism in England receive the support they need to lead fulfilling lives.



# Priority 1: Inclusive communities

## North Yorkshire is an inclusive place to live, work and visit.

We all want to feel understood and accepted in our communities. Autistic people will often experience inequality, stigma and challenges in the places where they live, work and visit, which can lead to loneliness, isolation and fewer opportunities.

A lack of inclusive culture. Although awareness of autism has increased substantially in the past two decades and is now almost universal, autism acceptance and understanding have not seen similar increases, and autistic people continue to experience stigma and discrimination. 91% of Autistic people in the UK feel that society does not accept or only sometimes accepts them.

National research shows that transgender and gender diverse adults are 3 – 6 times more likely as cisgender adults (individuals whose gender identity corresponds with their biological to be diagnosed as autistic. Autistic individuals are more likely to be LGBTQIA+. In addition, the study found that autistic adults and adolescents are approximately eight times more likely to

identify as asexual and ‘other’ sexuality than their non-autistic peers. And there were sex differences in sexual orientation: autistic males are 3.5 times more likely to identify as bisexual than non-autistic males, whereas autistic females are three times more likely to identify as homosexual than non-autistic females. (Cambridge University).

Autism Alliance evidence from doing the right thing suggests that social change relating to autism is underway. Awareness of autism is at an all-time high, autistic people are visible in the media far more than they were 10 or 20 years ago, and there is a strong self-advocacy movement amongst the autistic community in the UK18. However, social change takes time, and while discrimination and a lack of understanding persist, there will continue to be a negative impact on outcomes for autistic people and their families Reference: [Autism Alliance](#)

By increasing public understanding of autism through training and learning, we can help communities to become more accepting and inclusive.

Awareness of autism is at an all-time high, autistic people are visible in the media far more than they were 10 or 20 years ago

# Case study: Inclusive libraries

## The North Yorkshire Council's Library Service (42 libraries) have been working to become Autism-inclusive:

- **27 books about autism** have been added to the collection, including novels and memoirs focusing on autistic characters which aim to raise awareness.
- **6 Stim kits** are now available to be booked for individuals and groups across the county.
- **Skipton** became the **first library** to achieve **autism inclusive status** in April 2018. They produced a site plan and social story to explain what happens when someone visits the library, helping to reduce the uncertainty autistic people may feel about visiting. Site plans have now been produced for most libraries and a social story has also been written for Ripon library. Whilst this work was paused due to Covid-19, it is still a key ambition for libraries and is under review.
- Library staff have received training to help them support autistic people. **Autism Awareness training is mandatory** as part of staff induction, and sessions have also been held with local organisations and the Adult Learning and Skills Service.



## We will

- Co-produce a campaign in support of a social goal to make North Yorkshire **communities, businesses and services Autism Inclusive**.
- Develop a comprehensive **communication and engagement programme for awareness-raising events** and access to information, promotion of services, activities and offer throughout the year.
- Raise **awareness, training and improve support and access** for autistic people, linking into services including housing, leisure, culture (including museums, galleries, performance venues and outreach support), tourism, businesses, town centres, transport, and locality community partnerships.
- Work with communities and organisations to access appropriate training that improves understanding of autism, supports with communication, culture and reasonable adjustments to support **autism friendly communities**.
- Work to improve **physical environments and provide reasonable adjustments** to support individuals to access services and facilities within their communities.
- Work with organisations to **understand diversity across services** and consider how to improve access and inclusion across all strategy themes.
- Work with **community sport organisations on autism awareness-raising** education programmes and promoting the **benefits of sports for autistic people**.
- Provide autistic people with information and support to play a full part in creating inclusive communities, through the development of an inclusive communities steering group.



# Priority 2: Assessment, diagnosis and support

**Everyone can access the support they need when they need it. Access to assessment and diagnosis happens as early as possible in a person's life, with priority for those with greatest need.**

For autistic people to have the right support when they need it, it is important to identify need early, reduce the time that people are waiting for an assessment and improve how people access assessment and diagnostic services.

There are different pathways for autism support, assessment and diagnosis in North Yorkshire. Which system people access depends on their age and where they live. Under the previous strategy we worked together to improve these pathways.

However, we recognise the challenges in providing timely, equitable and consistent assessment and diagnosis due to finite resources, workforce pressures and increasing demand.

Our data shows that demand has increased significantly across Children, Young People and Adult assessment which means that waiting lists are higher than we would like. In most services across North Yorkshire, more than 80% of people assessed receive a diagnosis of autism. This means that our triage processes are effective, and that people should be accessing appropriate, needs-based support while they are waiting for a diagnosis.



# Case study: Social prescribing

## Wharfedale, Airedale and Craven Alliance

S was referred via the Adult Social Prescriber (SP) for Wharfedale, Airedale and Craven Alliance (WACA) PCN who was supporting mum. She had started secondary school where she was assaulted by her peers. Understandably, this had resulted in disengagement from school and heightened anxiety. A home visit was carried out, and S was reluctant to engage with the SP, however they did manage to discuss schooling options. S wasn't keen to engage in a move to another school or to return to her current school. S had been allocated a CAMHS worker who was leaving, and a new worker hadn't been allocated.

The SP initiated a meeting between mum and school to see if there was any support school could offer. The meeting went well, with school accepting S's reason for non-attendance. It was agreed that the SP would help mum to apply for an EHCP assessment, which would then allow additional support to be provided to S. School also suggested some good education resources for S to access at home.

Mum and the SP met up and completed the request for the EHCP, of which we are awaiting the outcome. The school have provided a home tutor 3 times a week, with whom S is engaging well.

S is on the waiting list for an Autism Assessment, and the hope is that the EHCP and enhanced support from school, initiated by the social prescriber, will help support S during this time.



# Case study: 5-year-old with mixed presentation and social challenges

During the assessment of a 5-year-old child, the Harrogate and District Foundation Trust (HDFT) Autism Team encountered a complex situation with mixed evidence and features suggesting possible ADHD, along with challenging social circumstances. Recognising the need for a comprehensive understanding of the child's situation, the team employed multiple assessment methods. They conducted a school-based observation to gather additional information. However, even with this observation, the picture remained unclear. Consequently, the assessment resulted in a diagnosis of "No diagnosis" at the time, acknowledging the complexity of the child's presentation.

To address the challenges encountered, the team developed a plan for ongoing review in 18 months. This extended timeline allows for the child's development and maturation, hoping to gain more clarity as they grow. In the interim period, the family was recommended to undertake Solihull training and Understanding Autism training.

This case demonstrates the HDFT Autism Team's dedication to thorough assessment and ongoing support. Despite the complexities and uncertainties surrounding the child's diagnosis, the team took proactive steps to involve the family in training programs and provide valuable resources. This approach exemplifies their commitment to continuously evaluating the child's progress, adapting interventions as needed, and striving for a clearer understanding of the child's needs as they mature.

## We will

- Improve **pre and post diagnostic support** for children, young people, and adults, focusing on underrepresented populations such as women and girls.
- Ensure that **individuals** identified with the greatest need **receive enhanced support**.
- Improve **equity of access** and consistency of assessment across North Yorkshire.
- **Simplify and align pathways and referral routes** for autism assessments in North Yorkshire.
- **Effectively communicate the revised autism assessment pathways** to people, carers, and practitioners/ services in North Yorkshire.
- **Collaborate with at least three private providers of autism assessments** to develop and implement quality assurance criteria aimed at preventing duplication of assessments.
- **Increase transparency and awareness** of the '**right to choose**' in respect of autism assessments among people, carers and practitioners in North Yorkshire.
- **Improve understanding** of autism among people, parents, and professionals in North Yorkshire to facilitate early identification of individuals seeking diagnosis or support.
- **Enhance awareness and understanding** of the **autism diagnostic** assessment process among relevant stakeholders in North Yorkshire.
- **Streamline** the process for individuals to request a **diagnostic assessment referral for autism**.
- Where possible, work towards a **reduction in waiting times** and ensure that individuals undergoing autism assessments are referred to appropriate support services at every stage of the process, including pre-diagnosis, peri- and post-diagnosis, and pathway support.
- Ensure that all individuals undergoing **autism assessments** in North Yorkshire receive **person-centred, strengths-based, outcome-focused** support tailored to their needs.

# Priority 3: Education and preparing for adulthood

## Autistic children and young people thriving at school and into adulthood.

Young people need the right support at the right time to prepare for adulthood. Education, Health and Care Plans in primary and secondary mainstream schools have increased by around 80% between January 2019 and January 2023 from 1,158 to 2,079. SEN support has increased by 22% in the same period from 8,586 to 10,484. The highest proportion of Education and Health Care Plans (EHCPs) in North Yorkshire are for autistic children. Nearly 1% of all school-aged children in North Yorkshire have a primary need related to autism. Some of the children (1.1% of primary age and 1.5% of secondary age) also get special needs support for autism without an EHCP.

North Yorkshire provides locality-based Special Educational Needs Hubs, giving specialist advice to school staff and young people about how to help with accessing their education. They use tools from The Autism Education Trust who are the leading expert body in educational support for autism.

Unlocking Autism is a course for parents to learn more about autism and meet other parents of autistic young people. This course is 'neuro affirming,' meaning it uses language and ideas from the autistic community to help to support people's identity as autistic and not try to change individuals to be more neurotypical.

## We will

- **Develop training and learning** for professionals within education settings and families/ carers
- Work with **SENCOs** to improve earlier identification of needs to improve children and young people's outcomes
- Continue to support autistic children and young people with **one-to-one sessions around developing self-identity and understanding their diagnosis.**
- Develop **more courses for parents, carers, and families** – continue rolling out and enhancing the **Unlocking Autism and Unlocking Autism Plus programmes**
- **Strengthen the range of education provision** for autistic children in North Yorkshire, including local provision for autistic children and young people who are formal learners and more placements in Targeted Mainstream Provision.
- **Establish a framework to support children to access education** in school settings through early identification of children at risk of being unable to attend.
- **Implement changes to the preparing for adulthood pathway** and joint working with partners to support autistic children from 14 years old including, training for employers to support autistic people well.



## Priority 4: Health and care

### Autistic people of all ages live healthier and longer lives, supported by autism-friendly health and care services.

Health inequalities are avoidable, unfair, systematic differences in health between different groups of people. They are created by the conditions in which we are born, grow, live, work and age. We all have some influence over our own health through the lifestyle choices that we make, but the conditions we live in and whether we have fair access to services will have a much greater impact. These factors are often referred to as the wider determinants of health.

Since our last autism strategy, we have expanded autism training and support for health and care staff. North Yorkshire Council Adult Social Care Services achieved and have since maintained accreditation with the National Autistic Society, receiving advanced accreditation in some services. However, we know that it is still hard for some autistic people to lead healthy and fulfilling lives. In recognition of this, autistic people are identified as a priority group in the North Yorkshire's Joint Health & Wellbeing Strategy with the ambition of 'adding years to life and life to years'.



## Case Study – Tees, Esk and Wear Valleys NHS Foundation Trust: Trust-wide autism service

**Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust now have a permanently established and growing Trust-wide Autism Service which provides clinical support and training to all services across the organisation. Examples of the Service's work and impact include:**

- Delivering “Understanding Autism” training which is mapped against Health Education England's Core Capabilities Framework to meet the requirements of Autism legislation and CQC baselines.
- Developing and implementing bespoke autism training in response to Trust needs.
- Working to provide care pathways that can be adjusted to meet the needs of autistic people within both inpatient and community services.
- Providing access to clinical supervision and consultation when services and teams are working with autistic children, young people, and adults for staff across all specialities (over 300 sessions delivered to date in 2023 across the Trust, which operates in North Yorkshire and beyond)
- Provide support and consultation to corporate services in relation to patient safety, complaints, and human resources to meet the requirements of autism legislation and Care Quality Commission baselines.



## We Will

- **Design and deliver guidance, resources and training programmes.**
- **Engage with autistic individuals and their carers in identifying barriers to accessing services** and collaborate with staff to plan and implement reasonable adjustments.
- Increase in health and care staff's knowledge and implementation of **autism-inclusive practices.**
- Ensure all staff completion the **Oliver McGowan Mandatory Training** among regulated service providers across health and social care.
- Develop and implement **accessibility improvements** in health and care facilities to better accommodate the needs of autistic individuals.
- Work to reduce the number of **crisis situations among autistic individuals.**
- Conduct a thorough **exploration of service options for autistic individuals**, evaluating at least three potential options, and establish formal linkages with the wider Learning Disabilities Service.
- Establish a network of **autism champions** within the health and care sector, ensuring at least one champion is recruited and trained in each facility.
- **Research, develop and pilot a technology-driven 'flag' system** to identify patients' individual needs and preferences in healthcare settings.
- Increase in the number of **autistic individuals receiving regular health checks** by leveraging insights from the national pilot/roll-out.
- Develop and implement at least three **targeted suicide prevention initiatives** for autistic individuals, aligned with the national suicide prevention strategy.
- Consider the **needs of autistic people in specific health circumstances** e.g. post-natal support.
- Develop the **care and support market** to enable providers to support autistic people through **different models** of intensive support such as **distress behavioural intervention or positive behavioural support.**
- **Respond to national developments** around quality of care and workforce development in services for autistic people.
- Implement all recommendations from the **NAS Re-Accreditation (2023) for NYC Health and Adult Services.**

## Priority 5: Adult and youth justice

### Autistic children, young people and adults are well supported when accessing the criminal and youth justice systems.

People may encounter the adult and youth justice systems as victims, witnesses, or defendants. Evidence suggests that autistic people may experience more contact with the justice systems than the UK population overall. It is important that autistic people can access the care and support they need in these situations.

Across Probation Services in North Yorkshire there is increasing awareness of neurodiversity within the Criminal Justice System. We are working with national teams to improve recording data in this area so we can gain a more accurate picture of needs and issues around neurodiversity and those subject to probation supervision.

A neurodiversity service has been launched across Probation Areas to provide support and information to Probation Officers to work with people on probation. This is currently provided by the National Autistic Society and delivers 8 individually tailored sessions with a focus on:

- understanding how the individual prefers to communicate
- how their sensory processing can affect them how some learnt coping strategies can be counter-productive to being safe or lawful
- how to support the individual to not re-offend

Probation Practitioners are being trained to deliver trauma informed approaches to working with people on probation to enable the organisation to better respond to individual needs and reduce the risks linked to reoffending. The Probation Service is working with partners across all sectors to improve our work with autistic people in a way that is meaningful to them. We are in the process of identifying potential commissioned services nationally to develop an improved level of service.

Autistic people are supported with their condition in all parts of the Criminal Justice System, including police, courts, probation and the prison service. There are also several community-based services such as the Resettlement and Community Support (RACS) which support neurodivergent people to reintegrate and successfully manage their lives in the community and the wider population.



The Youth Justice Service is now located within the Children and Families Service as part of the broader Early Help offer, as a specialist element of our support for all children and families. This supports a single, coordinated pathway for children presenting with risky or challenging behaviour. This places the Youth Justice Service within a network of consistent, collaborative practice which strives to offer one, seamless model of support to families. The operational service includes managers, caseworkers and specialists (e.g., substance misuse and victim liaison workers), with seconded representation from police, health, education, social work and probation. The Youth Justice Service is involved in several projects and developments which secure additional resources or services for North Yorkshire's communities. We have recently entered year two of our Test & Learn Pilot Programme of work as part of the Regional Health & Youth Justice Vanguard.

- 130 + Positive Action champions who have received direct awareness training from Autism Plus. All Equality Impact Assessments are passed through staff networks and therefore all new process and policies are assessed for any neurodiversity issues.
- Strategic membership of the North Yorkshire Council All Age Autism Strategy Groups and Member of the North Yorkshire Autism Community of Practice.
- Refit our custody suites with an autism inclusive environment.
- The partnership hub current works closely with the North Yorkshire Inclusive Communities Working Group – covering vulnerable groups and hate Crime Strategy across the County.

North Yorkshire Police have completed some key actions to support neurodiversity within the police force including:

- The launch of a 'Neurodiversity Network' in 2016, offering direct advice on neurodiverse issues. This network expanded the "all things Autism" awareness to cover all neurodiversity.
- The training and support of staff; all new recruits (officers and PCSOs) have direct training on neurodiversity and all trainers have specialist training from Creased Puddle (Consultancy run by an ex-NY Police Officer who jointly started the Neurodiversity Network in 2016).

## Feedback from consultation:

The way in which criminal justice services are organised and funded can exclude people and make it hard for them to engage with adult and youth services.

## We Will

- Implement recommendations from the **Ministry of Justice report on neurodiversity across police, judges, courts, prisons and probation**. These are national recommendations which are already being implemented and reviewed regularly. This includes:
- The development of a **universal screening tool**.
- Work to improve **physical environments** for neurodiverse people.
- **Improve data collection** and recording.
- Improve **information sharing and joint working between agencies and other services**.
- Increase provision of staff training across the CJS sector.

In addition, locally we will aim to:

- Explore the opportunity to **develop a liaison and diversion service** for autistic people, similar to the model for mental health.
- Increase the use of the **neurodiversity service available to probation staff**, to better inform responses to the needs of people on probation.
- Utilise an **Inclusivity and Public Confidence Manager** who will work directly with North Yorkshire Police, North Yorkshire Fire and Rescue Service: this is in the process of **recruitment**.
- Ensure **front line staff complete mandatory training** courses identified by their organisations.



# Priority 6: Housing

## To support autistic young people and adults with appropriate housing.

Everyone needs a safe place to call 'home'. Supporting someone's housing needs can provide stability and a foundation to building a fulfilling life. Autistic people should be able to access suitable and appropriate housing.

In the summer of 2023, the government published the new Supported Housing Bill places the following duties on the council: Licensing of supported housing, The enforcement of National Supported Housing Standards, Obligations to develop five-year strategic supported housing plans.

The new unitary council is now responsible for a full range of housing services across the county and a key priority is 'Our People' this priority aims to support people who require supported housing provision, older people, Gypsy, Roma, Traveller and show communities, refugees, asylum seekers, and those who are homeless or at risk of homelessness. Another service the council provides is the commissioning and the delivery of around 800 units of supported living across more than 200 properties, with a significant variation across size and type of accommodation.

Occupational Therapy services provide by North Yorkshire Council for both children and adults provides assessment and intervention to children, young people, and adults with a variety of disabilities and illnesses including autism, learning disability, cognitive and physical disabilities. For anyone that may wish to become more independent, more involved in their local community, less lonely or isolated or perhaps on the borderline of needing health and social care services, free time-limited support is available from the Council's Living Well service, recently re-accredited by the National Autistic Society as an Autism Specialist (Advanced) service.



## We will

- **Understanding local needs** - North Yorkshire Council and the Integrated Care Board are undertaking a housing needs analysis for autistic people and/or people with a learning disability.
- **Review and understand accommodation need** for all North Yorkshire's autistic residents (living in and out of county), from general needs housing up to complex or crisis support, to reduce the number of people living out of county and develop accommodation and models of support to enable people to stay at home longer.
- **Create clearer, simpler, and more accessible housing pathways** and processes with tailored information and guidance to support autistic people and carers with understanding the type, appropriateness, and availability of different accommodation options (including general needs, independent living with 24/7 care, extra care, Home Ownership for people with Long-term Disabilities, and supported living).
- **Support with the development and/or improvement of independent skills** (e.g., completing paperwork, budgeting, cooking cleaning and accessing health care).
- **Develop understanding and awareness through training and tools** to enable housing and care providers who support autistic people with making reasonable adjustments around housing and care issues, such as changes with tenancies, issues with the environment and access to technology, equipment, and adaptations where appropriate. We will encourage all providers (including non-specialist autism providers) to be autistic inclusive, this will be reflected within the specifications for commissioned services.

## Feedback from consultation:

North Yorkshire has several different pathways and applications processes for housing which can lead to some challenges.

# Priority 7: Employment

## Autistic people thriving at work

We believe that autistic people should have the same job opportunities as other North Yorkshire residents. In 2021, only 21.7% of autistic people were in employment, the lowest rate of any disabled group (Office for National Statistics, 2021). Research also shows that autistic people are underpaid, underemployed and poorly supported in the workplace, with many autistic people unable to disclose their autism.

**Only 29% of autistic people are in any kind of employment, compared to more than half of disabled people...**

**77% of unemployed autistic people want to work and half (50%) said that support, understanding or acceptance would be the single biggest thing that would help them into employment.**

Within North Yorkshire Council we provide a variety of services to support autistic people find work: the Living Well Service and Supported Employment Service.

Both services hold the Advanced Award of Autism Accreditation. NYC's Children and Young People's Services facilitate supported internships for young people aged 16-24 with an EHCP.

The internships are unpaid, for 12 months, and enable young people to develop work skills and gain experience. Jobcentres are Disability Confident and have programmes to provide advice and guidance to customers, including RISE, a 1-1 support programme for adults in NY who are out of work and have barriers to engaging with employment or training.

The new Economic Growth Strategy for North Yorkshire includes a commitment to inclusion, health and employability for our residents, supporting people to overcome barriers into employment or progressing in work and the Humber North Yorkshire Integrated Care Board (ICB) and TEWV NHS Trust both offer opportunities for paid work to "experts by experience" as part of their involvement in projects.

# Case study

## "A" was a new jobseeker at the time of referral to the North Yorkshire Council Supported Employment Service. He is a young autistic man with an interest in IT.

"A" had begun a part-time degree level course in Computing & Mathematics which was online, but had no work experience. He was keen to find paid work, rather than voluntary work. Jo from NYC supported "A" with CV building, writing covering letters & job applications, identifying potential work placements, interview preparation and support at interview. Jo arranged an information session with a colleague from the Council's IT Security team, which developed "A"'s interest in cyber security.

"A" applied for a Cyber Security apprenticeship but was overqualified and therefore was not eligible for the programme. "A" applied for an IT Services position. He interviewed well and met the benchmark but at the time there were not enough positions available to offer him a job. Two months later, the same job came up again. He was offered a full-time position which he accepted.

"A" is enjoying his new role. He mainly works from home but once a fortnight he drives into the office to work alongside colleagues in his team.

Through gaining employment, "A" is now more communicative, assertive and positive. He is thinking about the future and has a spring in his step. He is enjoying the role, enjoying learning on the job, and coping well.



## We Will

- **Work together with autistic people** to develop a programme of training, information, and guidance for employers around neurodiversity. This will include information about reasonable adjustments, autism inclusive recruitment practice and a person-centred approach which enables autistic employees to gain employment and thrive at work.
- **Develop autism/neurodiverse support groups for autistic job seekers.** These will be co-led by autistic people. The groups will provide drop-in opportunities to access information and support and will have active engagement from local employers.
- Work with **existing networks** and services who **offer support** around employment to increase partnership working, **improving knowledge and access for autistic people** to existing support and opportunities. Review referral pathways into NYC Supported Employment service in response to NAS recommendations around improving access to timely support.
- **Increase post-sixteen support** and information for schools, young people and families around employment. This should include **information and access to supported employment, supported internships, apprenticeships** and work experience opportunities. We will explore ways to enable young people with an EHCP to use support information in their plan to inform employers about how to accommodate their needs.
- Seek any opportunity for partner organisations to support or offer opportunities for **placements, and ensure support for autistic employees.**



## Priority 8: Carers

### Parents, carers and families of autistic people are supported to thrive.

Carers can often see themselves as lifelong partners, sons, daughters, siblings, neighbours and friends, rather than carers. They play a vital role in maintaining the health and wellbeing of those who need help. We know that most carers are happy to support the person they care for and want to be able to continue offering that support, but the caring role can often affect their own health and wellbeing.

In 2021, the census showed that across North Yorkshire the percentage of NY residents providing the different hours of caring per week were: 4.7% providing 19 hours or less, 1.6% providing between 20 and 49 hours and 2.4% providing 50 or more hours.

Following the Covid-19 pandemic, training for parents and carers of autistic children and young people has been refreshed to enable support to be provided prior to diagnosis. This training is now available in person, online and on demand to better support parent carers at a more suitable time.

Carers have been identified as one of 7 Adult Social Care Improvement Priorities by North Yorkshire Council, with the overall aim to support people to remain in their own homes for longer. We are aiming to develop an innovative and improved offer across North Yorkshire to improve the wellbeing and resilience of carers, supporting them in having a life outside caring.



### Feedback from consultation:

Older carers are often worried about future planning for their loved ones, especially around housing provision and support for an autistic child and young person to remain independent.

## We Will

- **Refresh the Carers Strategy** for North Yorkshire.
- **Strengthen and deliver training programmes** including better understanding of autism, techniques, approaches and the impacts of autism for carers and families.
- **Develop an integrated model** to direct carers to a full range of support including a prevention offer, on-line resources, direct payments and commissioned services.
- **Review the carer's assessment process** (including parent carer assessments) alongside CYPS, to increase the number of carer's assessments, and improve and ensure timely access by reducing waiting times for assessment.
- Develop an **online assessment** and **review process** for carers.
- Seek **feedback from carers** about their assessment and the support offered.
- Implement the **Waiting Well programme**, aiming to bring about improvements for people who are waiting for services.
- **Review support interventions** including professional support and access to carers direct payments.
- **Increase the number of carers** identified and recognised to enable them to access appropriate support.
- Introduce more ways for **carers to have their say on services** for carers and work with us on **improved processes** and support, including respite and short break options.
- Make information for carers widely available, including better information about support when they are no longer able to provide care
- Campaign to improve awareness, understanding and treatment of families and carers by health, social care and education professionals.

## Delivering our strategy: Cross-cutting themes

From our discussions with partners and our engagement work, we have identified these key themes which are important to consider as we deliver across all our priorities:

**Working together** – Everyone has a part to play in the delivery of this strategy. We will continue to ensure that partner organisations work together with autistic children, young people, adults and their families and carers as we refine, deliver and evaluate the actions in this strategy.

**Workforce** – Training and support in relation to autism is important for all parts of North Yorkshire's workforce to embed understanding, appreciation, and leadership. This includes: autistic people themselves; their employers and colleagues; those providing individual services in the health, care, and education sectors; and those who work in North Yorkshire's wider public services and communities.

**Data and research** – We recognise that in some areas of our work, we need to understand more about the current position in North Yorkshire as well as evidence-based practice to ensure that we make the biggest impact through the strategy and can demonstrate the difference we have made. We also need to understand more about autism in some groups of people such as the military community as well as more widely about the various needs of our neurodiverse population.

**Making best use of our resources** – We will work together across organisations to make best use of our collective resources (our people, finance, buildings and information). Efficient use of these resources will avoid duplication, maximise impact at a community level and enable delivery at scale where appropriate.

We will continue to work with and grow the **wider Autism Network** of autistic people, carers, staff, partners and community services who have already contributed to this strategy. The feedback that people give us about their experiences and how involved they are in making the changes will be vital to the delivery of our strategy as well as an important measure of success. We will invite the **wider Autism Network** to a meeting to **challenge** the progress of the actions and to **hold us to account for delivering the vision**.

To **understand** the **impact** of this **strategy**, we will use and analyse a broad range of outcomes and **performance indicators**. These will include existing NHS waiting time data and council assessment data. Key performance indicators help us understand how we perform against set targets, but they are only part of the picture and cannot fully capture our community's needs and experiences. Therefore, we will gather insights from the voluntary sector, **capture case studies, experiences and feedback to gain a boarder understanding** and set targets for the following year.

We will also use other **strategic partnership groups** such as the North Yorkshire Place Board to provide leadership and accountability on key issues. We also recognise the importance of local ownership and delivery in our diverse communities across North Yorkshire and will use the emerging local community partnership structures to support this.

The North Yorkshire Autism group are committed to this strategy and will produce **robust action plans** to support the implementation of the priorities. We will produce **annual reports to the Health and Wellbeing Board**, continue to engage to **understand the population needs** and **share learning** across the wider professional systems.



# Appendix 1- Changing landscape for North Yorkshire

## Strategic landscape

In April 2023, the county council and seven district and borough councils in North Yorkshire became one council, making North Yorkshire Council one of the largest councils. The new unitary council delivers a wide range of local services which contribute to the health and wellbeing of people and places across the county, including housing, social care, leisure, community safety, economic development and planning. In addition, the new York and North Yorkshire Combined Authority launched on 1 February 2024: this new devolution deal for North Yorkshire and York will support economic growth and strategic infrastructure, benefiting the health and wellbeing of our population.

The planning of our local NHS services is now overseen by **Integrated Care Boards (ICBs)**. The ICBs work together with all parts of the NHS, local councils and other partners to deliver joined-up care for people, in Integrated Care Systems.

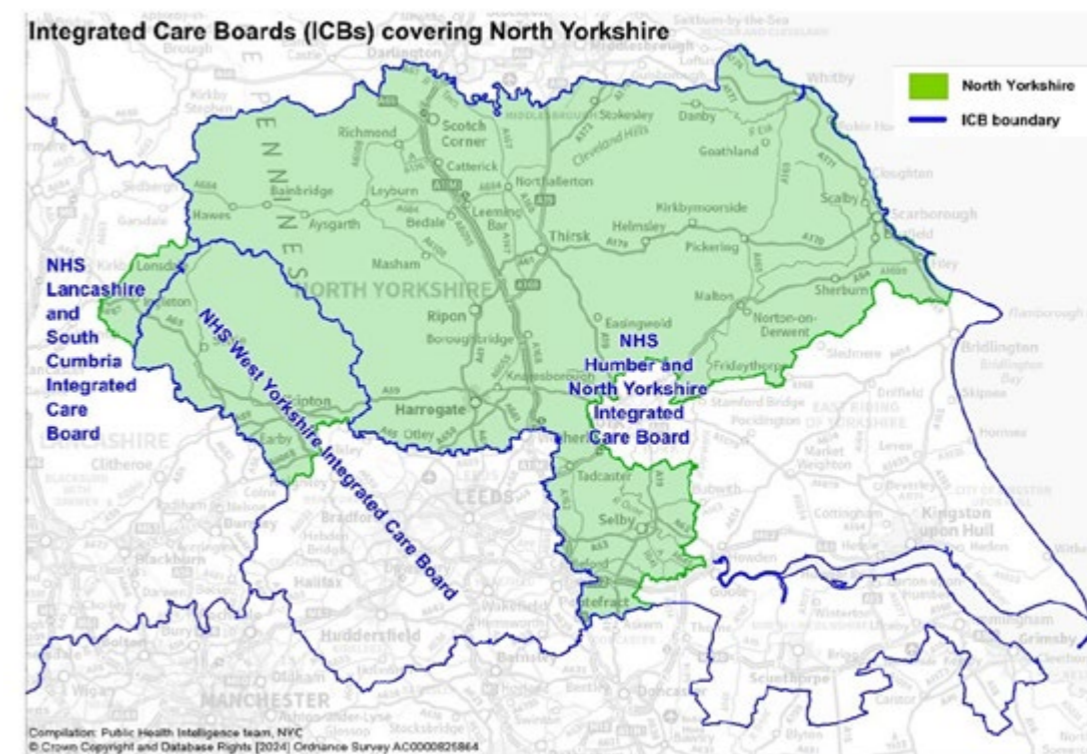
**Integrated Care Systems (ICSs)** are partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. The two main Integrated Care Systems in North

Yorkshire are Humber & North Yorkshire Health and Care Partnership and Bradford District & Craven Health Care Partnership. They include NHS organisations, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations. We all play an important role in reducing health inequalities and improving population health and wellbeing in North Yorkshire.

The establishment of North Yorkshire Council alongside the Integrated Care Boards provides new opportunities to work together with partners to transform local services to improve the health and wellbeing of people and communities.

Our Joint Local Health and Wellbeing Strategy has been developed in this context. It is both an expression of our shared commitment to delivering actions which add value through working together, and a clear set of priorities to influence the core work and focus of all partners.

The diagrams on the following pages describe how each major sector in our partnership contributes to the Joint Local Health and Wellbeing Strategy through both their individual priorities and collective action.



# Appendix 2 - Policy and official guidance

## Policies and Guidance

**Autism Act Statutory Guidance 2015** - The Autism Act Statutory guidance originates from Autism Act 2009. The guidance explains what individuals with autism, their families and carers should expect from the government and the NHS. [Adult autism strategy statutory guidance published](#)

**The National strategy for autistic children, young people, and adults: 2021 to 2026** - The government's National Strategy for improving the lives of Autistic people and their families/ carers in England, and implementation plan for 2021 to 2022. [National strategy for autistic children, young people and adults: 2021 to 2026](#)

**Equality Act 2010** - Legally protects individuals from discrimination in the workplace and in wider society [Equality Act 2010: guidance](#)

**Care Act 2014** - Local Authorities duty to Ensure individuals within the NY area have access to Quality services that provides access to information and guidance needed to support positive decisions over their own care and Promote independence. [Care Act factsheets](#)

**Children and Families Act 2014** - An Act introduced to show commitments aimed at improving services for children, families, and people with special educational needs or disabilities. This act includes supporting families in seeking a healthy home and work life balance. [Children and Families Act 2014 - Explanatory Notes](#)

**Children Act 1989** - It is local authorities duty to promote and safeguard the welfare of children within their area by providing a range of services appropriate to children's individual needs. An overview of child protection legislation in England. [House of Commons Library](#)

**NICE Clinical Guidelines and Quality Standards** - Evidence based recommendations on how health care and other professionals should care for individuals with Specific conditions. The Quality Standards prioritise Key areas for quality improvement in health, Public health and Social care. [Nice Quality standards](#)

**Care and Treatment Reviews / Care Education and Treatment Reviews Code and Toolkit** - Care and treatment reviews are part of NHS England's commitment to transforming services for people of all ages with a learning disability and Autistic people. The C(E)TRs seek to improve the quality-of-care people receive in hospital and aim to reduce the number and amount of time spent in hospitals. [NHS England Care \(Education\) and Treatment Reviews](#)

**C(E)TRs Code and Toolkit** - This is a guide that will be used throughout this Autism Strategy to improve the quality-of-care individuals receive. Ensuring to adhere to the 7 standards within the C(E)TRs (Person/Family centred, Evidence Based, Rights Led, Seeing the whole person, open, independent, and challenging, Inclusion of individual in all aspects of their own care and treatment and Action Focused). [Care and Treatment Review Code and Toolkit](#) A guide for commissioners, panel members and people who provide support.

**STOMP (Stopping Over Medication of people with a learning disability, autism or both) STAMP (Supporting treatment and Appropriate Medication in Paediatrics)** - National Projects, launched by the NHS and involves many different organisations aiming to reduce the reliance on psychotropic medication for people with a learning disability or autistic people. - NHS England [Stopping over medication of people with a learning disability and autistic people \(STOMP\) and supporting treatment and appropriate medication in paediatrics \(STAMP\)](#)

**Oliver McGowan Mandatory Training** - The Oliver McGowan was developed to fulfil the requirement introduced in The Health and Care Act 2022. Regulated service providers must ensure their staff receive appropriate autism and learning disability training for their job roles. [The Oliver McGowan Mandatory Training on Learning Disability and Autism](#)

**Draft Mental health Bill** - The mental health bill was announced in July 2024 and aims to ensure "all patients are treated with dignity and respect throughout their treatment" and gives them "greater choice, Autonomy, Rights and support" [Mental Health Bill: briefing note](#) (kennedyslaw.com)

**The Reasonable Adjustment Digital Flag** - The reasonable adjustment flag is a national record that shows a person needs accommodations and may include details about their impairments and Necessary adjustments. This enables health and care workers to record, share and view details of reasonable adjustments in all-in-one place. [Reasonable Adjustment Flag](#)

**National framework for autism assessment services** - A National framework with 10 principles involved to guide decision making in planning, designing, procuring, delivering and evaluating an autism assessment offer (ethical, evidence-based, respectful, delivered by appropriately skilled multidisciplinary workforce, comprehensive/coherent offer, Accessible, Partnership working by clinicians and people accessing services, shared and current conceptualisation of autism, transparent, described and informed by national statistic data)

**Operational guidance for autism assessment services** - aimed to guide strategic decision making about the range of autism assessment services that should be provided in each area - NHS England, [National framework and operational guidance for autism assessment services](#)

Local strategies and policies that should be considered alongside this.

- North Yorkshire Council - Housing Strategy
- North Yorkshire Council - People Strategy
- North Yorkshire Council Adult Social Care Practice Framework
- North Yorkshire - Carers Strategy
- North Yorkshire Council- Strategic Plan for SEND Education Provision 0-25.
- North Yorkshire Council - Your library, your place 2020-2030
- North Yorkshire Health and Wellbeing Strategy
- Integrated Care Board place board priorities

[Strategies, plans and policies North Yorkshire Council](#)

# Glossary

## ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is a condition where an individual finds it hard to concentrate, may be over-active and can struggle to manage their behaviour.

## Autism

A condition that someone is born with that affects their ability to communicate, perceive and interact with the world around them. It is also called autism and covers a wide range of symptoms.

## Autistic

Many people who have been diagnosed with autism prefer using the term 'autistic' to describe themselves. They consider autism to be part of their identity, not a condition to be treated.

## CAMHS

Child and Adolescent Mental Health Service, usually referring to the specialist teams, including in-patient.

## C(E)TR and CETR

Care (Education) and Treatment Review (Children) and Care and Treatment Review (adults) to support people admitted to a mental health hospital or at risk of admission. Undertaken by commissioners to ensure people are only admitted to hospital where necessary and for the minimum amount of time.

## DSR

The Dynamic Support Register enables systems to identify adults, children and young people with increasing and/ or complex health and care needs who may require extra support, care and treatment in the community as a safe and effective alternative to admission to a mental health hospital.

## Dyspraxia

Dyspraxia, also known as developmental co-ordination disorder (DCD), is a common disorder that affects movement and co-ordination.

## Education, Health and Care Plan (EHCP)

A legal document for a child or young person up to the age of 25 if they have a disability or special educational needs. It describes the child or young person's educational, health and social needs, and sets out the support and extra help they should have to meet those needs.

## Health inequalities

Differences in how healthy different groups of people are, and how easily they can get the health care they need. These differences may be affected by things like poverty, housing and education.

## Learning disability

A term that is used to describe a brain impairment that may make it difficult for someone to communicate, to understand new or complex information, or to learn new skills. Learning disability starts in childhood and has a lasting effect on a person's development. It can affect people mildly or severely.

## Neuro-developmental condition

Neurodevelopmental condition is an umbrella term for conditions and diagnoses such as autism, ADHD, learning disability, dyslexia, dyscalculia, and motor disorders.

## Neurodivergent

Neurodivergent is a non-medical term that describes people whose brains develop or work differently for a variety of reasons. This means the person has different strengths and struggles from people whose brains develop or work more typically.

## Neurodiverse

Variations between individual people in the way their brains and minds work.

## Office of Police, Fire and Crime Commissioner

The Police, Fire and Crime Commissioner was an elected official, responsible for overseeing how crime and community safety are tackled, and for providing services for victims of crime. This position has been superseded by the new Mayor of York and North Yorkshire.

## Spectrum condition

Any of a group of disorders each having symptoms that occur on a continuum and certain features that are shared along its spectrum but that manifest in markedly different forms and degrees.

## Special Educational Needs (SEN)

Special Educational Needs (and Disabilities) (SEN or SEND) is a term used to describe learning difficulties or disabilities that make it harder for a person to learn compared to children of the same age.

## SEN support

Support provided by a nursery, school or college, such as extra help from a teaching assistant or working in a smaller group.

## SENCOs

Special educational needs co-ordinators (SENCOs) lead and co-ordinate a school's provision for children and young people with special educational needs and disabilities.

## Wider determinants of health

Wider determinants of health are the social, economic, and environmental factors that affect our health and well-being.



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- West Yorkshire Integrated Care Board (Bradford District and Craven Place)
- Tees, Esk & Wear Valley (TEWV) NHS Foundation Trust
- North Yorkshire Council
- His Majesty's Prisons & Probation service
- Community First Yorkshire
- Healthwatch North Yorkshire
- Inclusion North
- Autism diagnostic providers - ABL Health, Harrogate District Foundation Trust, The Retreat
- Carer, Hazel Griffiths
- Neurodiverse Community Catterick
- Roger Tuckett, Lived Experience, CEO, Yorkshire Autism Action Group (YaaaG)
- North Yorkshire Police

## References

### Multiple sources:

[ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)

[cambridge.org](https://cambridge.org)

[gov.uk](https://gov.uk)

[mentalhealth.org.uk](https://mentalhealth.org.uk)

[nationalarchives.gov.uk](https://nationalarchives.gov.uk)

## Contact us

Online: [northyorks.gov.uk/contact-us](https://northyorks.gov.uk/contact-us)

By telephone: **0300 131 2 131**

North Yorkshire Council, County Hall, Northallerton, North Yorkshire, DL7 8AD

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