



A city that
works for all

**Autism and ADHD
Strategy for York**

2025-2030

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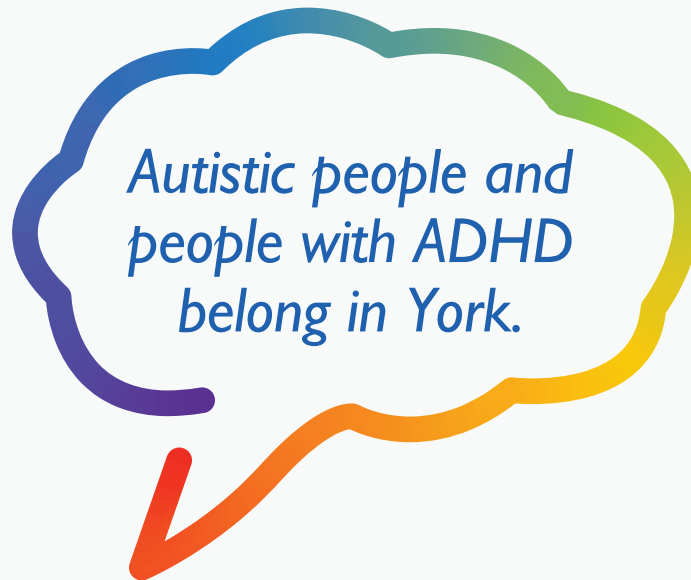
Introduction to this strategy



Introduction to this strategy

From the York All-Age Autism and ADHD strategy steering group

Thank you for taking the time to read this strategy.



They are a core part of our city: friends, children, co-workers, parents, politicians, sports people, business owners, teachers, and many more. In a city which values its diversity, embeds human rights into its practice, and welcomes all, York gains so much strength and vibrancy from having so many neurodivergent residents living in our city.

But it seems quite plain that our society and public services have much further to go before they can claim to be truly inclusive and supportive of all autistic people and those with ADHD. Over the last years, awareness and discussion of neurodiversity has increased. But efforts to change society, as well as increased resourcing of social, educational and clinical support for neurodivergent people, have not kept pace.

This is as true in York as elsewhere in the UK. Whilst we can't escape the larger context, nor draw upon a huge amount of extra resource, we have written this Autism and ADHD Strategy because we believe we can still work in partnership to make small, medium and large changes, so that **together we create a society that works for autistic people and people with ADHD.**

This document is part of the journey in achieving this. We'd like to invite the whole city to come with us.

Why is this an all-age strategy?

By considering the whole of our population, we can look at how the strengths and needs of autistic people and people with ADHD change through their life. We are also able to consider the importance of families. For many people, families are an important source of advice and practical support. Additionally, we know that neurodivergence often runs in families - we hear that many adults first consider their own neurodivergence when their children are going through assessment in schools.

Why is this a strategy specifically about Autism and ADHD?

City of York Council (CYC) and Humber and North Yorkshire Integrated Care Board (ICB) both have a duty to respond to the National Autism Strategy under the Autism Act. There are two main reasons we are covering autism and ADHD together in this strategy. Firstly, we recognise that many autistic people also have ADHD. Secondly, we recognise that many of the challenges faced, and the actions of this strategy apply to autism and ADHD equally; for example, the diagnosis pathway and the societal barriers placed on autistic people and people with ADHD.

How does this strategy relate to the Inclusion and Belonging Strategy 2025-30?

The York Inclusion and Belonging Strategy, which covers children and young people with Special Educational Needs and Disabilities (SEND), is being published alongside this strategy. These two documents have been developed in tandem, with shared opportunities for engagement and consultation, and aim to complement one another. Whilst the Inclusion and Belonging Strategy covers all areas of SEND up to the age of 25, this strategy focuses on Autism and ADHD across all ages.

Why is this strategy just about York?

This strategy is about York specifically because that means that we can plan for the specific strengths and needs of people who live in York. We can take into account local resources such as local charities and support groups. We are working with North Yorkshire Council (our major neighbour) to make sure that our strategies align where they need to. We also recognise that Humber and North Yorkshire ICB covers a wider geography than just York.

Why is this strategy five years long?

By designing a strategy that runs from 2025 until 2030 we can realign with the five-year cycles of the National Autism Strategy and can renew our strategy with enough time to plan and respond to it. The most recent of these is the National Strategy for Autistic Children, Young People and Adults 2021-2026.

The last Autism Strategy for York lapsed in 2021. We acknowledge it has taken far too long for this renewed strategy to be published.

How the strategy was put together



How the strategy was put together

**May-
November
2024**

An Autism and ADHD Health Needs Assessment was produced, using data from health and care services as well as evidence from the literature on the health needs of autistic people and people with ADHD

October 2024

A strategy working group was formed, including the key partner agencies in York as well as academic and voluntary agencies and those with lived experience. A full list of steering group members can be found at appendix 1

**November
2024 – March
2025**

‘Listening Exercises’ were held where members of the strategy group went out to over 20 organisations or boards with 3 ‘conversation starters’ on the strategy, and captured feedback. A full list of organisations can be found at appendix 2

May 2025

An early draft strategy was circulated, and published for public discussion at the council’s Health, Housing and Adults Scrutiny Committee

June-July 2025

Consultation events were held on the draft strategy, to further shape and refine it

July 2025

Formal public consultation was carried out on the strategy, and comments incorporated

Autumn 2025

Final Autism and ADHD Strategy 2025-2030 published

How lived experience
has shaped this strategy



How lived experience has shaped this strategy

The organisations who have been involved in writing this strategy have tried to incorporate as many opportunities as possible for people with lived experience of autism or ADHD to shape what it says.

We have done this in a number of ways. Firstly, we have a steering group which includes five members specifically attending due to their lived experience and not due to their organisational affiliation (see membership at appendix 1). They were recruited to the group using an Expression of Interest process. Secondly, in the early stages of producing the strategy, we spoke to a range of organisations and partnerships (appendix 2) which included people with lived experience.

Thirdly, we held 5 in person consultation events on the document in draft form, as well as an online event. Lastly, in the public consultation on the draft strategy, 199 participants responded, a significant proportion of whom told us they had a diagnosis of autism / ADHD, were awaiting / seeking a diagnosis, or were a parent or carer.

One clear and consistent message we heard was about the role of consultation and engagement itself for people who are neurodivergent in York. In the context of the last few years, with a lot of engagement and public conversation having happened in the city on issues facing autistic people and those with ADHD, we heard that:

- Constant efforts to engage and consult people who are neurodivergent can leave them exhausted and jaded, especially if these listening exercises don't result in meaningful change
- One person's experience of being autistic or having ADHD is not universal
- Care should be taken around highlighting case studies of either good or bad practice, as these may not represent everyone's experience



20 groups engaged with



5 open sessions



199 responses to the consultation



5 lived experience members on the steering group

Taking this on board, we have decided not to include quotes or case studies in this strategy. We have focused the main section of the document on a series of ‘we heard’ statements which the steering group have distilled from all of the feedback, triangulating the various voices and inputs we’ve received so that we can then respond with ‘we will’ commitments based not just on an individual piece of feedback, but on the weight of voice and sentiment from the community.

Throughout the strategy we frequently talk about co-production with the Autistic and ADHD community. Appendix 3 provides guidance on good practice in co-production to ensure it is meaningful and successful. We want to promote this approach to improve the experiences and outcomes for Autistic people/ people with ADHD. When it is not possible to do ‘gold standard’ co-production; co-design, collaboration or consultation may be used, but we need to be clear, honest and transparent about what method is being used.

Autism and ADHD in York – a picture



Autism and ADHD in York – a picture

Neurodiversity means that all people's brains process information differently. To be a neurodivergent person is someone whose brain processes information in a distinctly different way to neurotypical people.

Because neurotypical people make up the largest group of people in our world, the way they process information is thought to be 'typical' or 'normal'. As a result, a lot of our environments are set up to accommodate these typical ways of processing information. This can make some things difficult for neurodivergent people to access.

There are lots of different ways a person can be neurodivergent. It is a collective term to describe people who have conditions such as autism, ADHD, dyslexia, dyscalculia, dyspraxia, Foetal Alcohol Spectrum Disorder, stammering, or Tourette's syndrome. In most cases, a person is neurodivergent for their whole life. Some people may become neurodivergent as a result of a brain injury, but this is quite rare. Some people may know they are neurodivergent from a very young age, others may realise this in adulthood.

Where we refer to neurodiversity or neurodivergence in this strategy we are talking about Autism and ADHD.

Autism and ADHD are distinct conditions and experiences; however, we are considering them together in this strategy for two reasons:

- Firstly, autistic people and people with ADHD face somewhat similar challenges. For example, the diagnosis pathway and the societal barriers placed on autistic people and people with ADHD that impact mental and physical health.
- Secondly, a proportion of people are both autistic and have ADHD (around 30%). This is sometimes referred to as 'AuDHD'. We recognise the unique experiences of people with both ADHD and autism but also recognise that a proportion of the community may have AuDHD, meaning they have their own unique challenges.

We published a Health Needs Assessment (HNA) on Autism and ADHD in York in 2025. This looked at the health needs of people of all ages who consider themselves to be autistic and / or have ADHD. This was regardless of whether they have a diagnosis.

Some key findings are summarised below.

Key messages from the York Autism and ADHD Health Needs Assessment 2025



Prevalence and Demographics

- In total there are 2,786 people who are registered with a York GP and who have a diagnosis of autism on their health record. National prevalence estimates suggest between 1% and 4% of the population are autistic
- In the UK, the prevalence of ADHD in adults is estimated at 3% to 4%. With 2,311 people in York having a diagnosis of ADHD, this suggests only around 1 in 3 adults in York are diagnosed.
- Autism is underdiagnosed in York, particularly in older people. There is a 3:1 male to female ratio in diagnoses of both autism and ADHD in York
- 18.4% of people with an ADHD diagnosis in York also have an autism diagnosis, and 15.3% of people with an autism diagnosis also have an ADHD diagnosis.



Assessment and waiting lists

- In January 2023 there were 1,560 adults awaiting autism and ADHD assessment and a further 2,000 referrals that had not yet been triaged. It was estimated that the waiting list is five years.
- Compared to 2021, the children and young people's autism service has seen a 50% rise in monthly referrals, and just over a quarter of children and young people have been on the waiting list for more than a year.



Health issues

- York GP data shows that 1096 people with an ADHD diagnosis also have a mental health condition, which is 44%.
- 12% of people with ADHD will develop an alcohol addiction, 28% develop a drug addiction at some point in their lives. 14% of people with ADHD in York are current smokers, higher than general smoking rates
- Autistic people, as a group, face health and wellbeing challenges. This includes higher levels of homelessness, 5 years lower life expectancy, higher rates of addictions, 40% of autistic people in York have a mental health condition
- Societal awareness and understanding of neurodiversity are still low, and children, adults and carers experience stigma from friends, family and services.

The HNA goes into much further detail, in particular around the way physical and mental health conditions and neurodiversity interact. It is however important in the context of this strategy to note one particular issue the HNA highlights: the experience of neurodivergent individuals in relation to their gender.

Autism and ADHD in girls and women is frequently missed or misunderstood due to difference in presentation compared to males. For example, girls may often 'mask' and use coping mechanisms to fit in with their neurotypical peers. This can lead to signs being missed, and therefore later diagnosis. Experiencing a sustained period of lack of understanding and inadequate support can have a significant impact on an individual's mental health and can lead neurodivergent girls and women to struggle with anxiety and depression.

In order to reduce inequalities and improve outcomes for autistic people with girls and women/ girls and women (with ADHD), training and awareness amongst professionals must be improved to enable them to recognise behaviours and thus provide the relevant support.

The Social Model of Disability and Equality Act



The Social Model of Disability and Equality Act

The City of York Council has previously committed to supporting the social model of disability when designing places and policies. The social model of disability states that people are disabled by barriers placed on them by society rather than by an impairment or condition.

We recognise that many within the neurodiversity community value this approach. It highlights there is nothing intrinsic to either autism or ADHD that should mean a person is more likely to become physically or mentally unwell, become homeless, or long-term unemployed; and that these experiences often arise from marginalisation, discrimination, or a non-inclusive society.

We also recognise that some within the neurodiversity community do not like the language of 'disability' and do not recognise themselves as disabled. To make things more complicated, some people may not embrace the social model of disability, especially if they or their children have additional physical or cognitive needs and neurodevelopmental issues have been apparent throughout their lives and may choose to align with a more traditional medical model.

In this strategy and needs assessment we are using the principles of the social model of disability and neurodiversity. However, we acknowledge the differing opinions of the community despite the use of neurodiversity-affirming language throughout. In relation to autism, medicalised or potentially stigmatising terminology (e.g., disorder, high/low functioning) have been avoided throughout and identity-first language (e.g., autistic individual) has been used, following the majority preference of the autism community.

2010 Equality Act

The 2010 Equality Act legally protects people from discrimination in the workplace and wider society. Under this act, employers and other organisations have a legal duty to implement reasonable adjustments to prevent disabled individuals from being disadvantaged, and to ensure they have equal access to opportunities. A number of the commitments in this strategy recognise the need to promote this legal duty within York, as well as supporting people to understand their entitlements and how to access the services they need.

Our Vision and the 3 priorities



Our Vision and the 3 priorities

Our vision is that...

Together, we want to create a society that works for autistic people and people with ADHD in York

Our 3 key priorities are...

Priority 1:

Change society for inclusion

Priority 2:

Make diagnosis and assessment work

Priority 3:

Improve support in every setting

This will mean that...

The city we live in, its schools, businesses, public spaces and other settings, present no barriers whatsoever to autistic people and those with ADHD living a full and flourishing life contributing to York

The policies, pathways and stages of getting an autism or ADHD assessment are clear, well understood by professionals, equitable and just, and as timely as possible

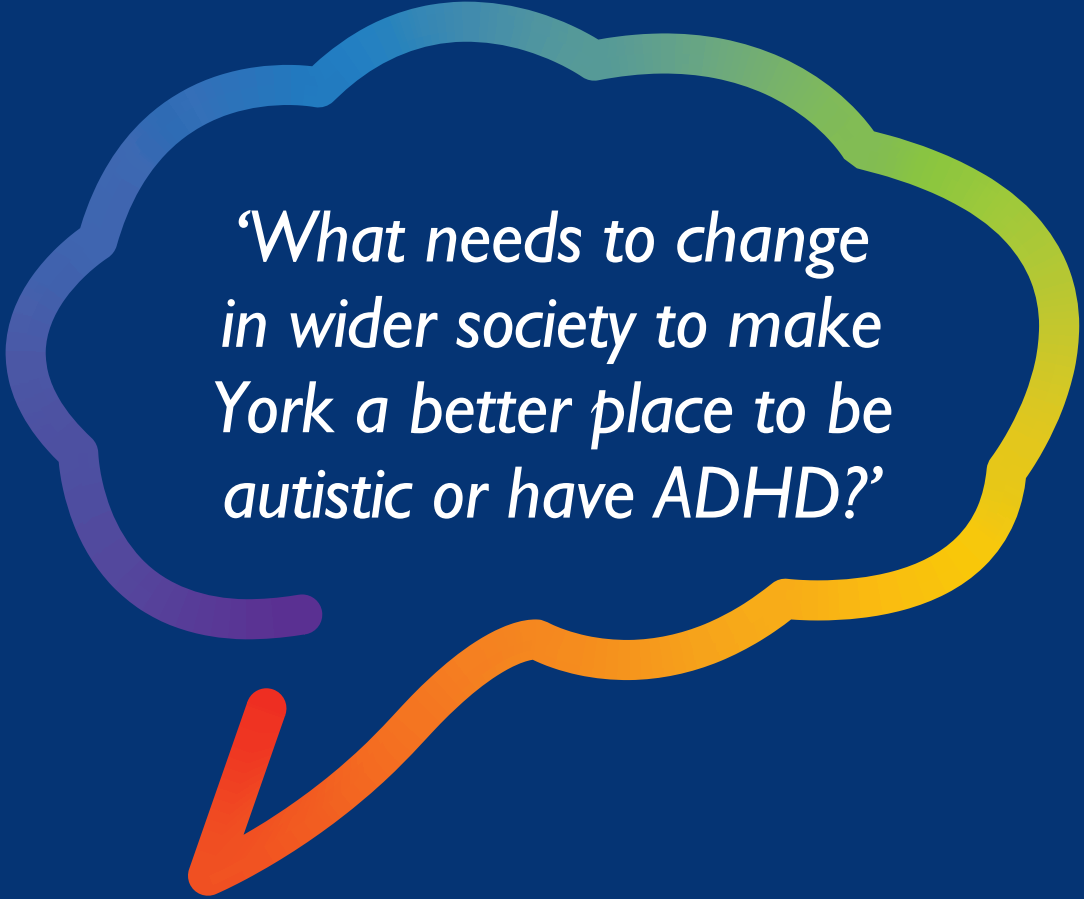
There are better support offers for autistic people and those with ADHD in every sphere of life, professionals are responsive to need, and support and adjustments aren't dependent on diagnosis

To do this we will need...

- Quick access to clear information
- Better workforce training and development
- Reasonable adjustments with or without a diagnosis
 - Inclusive public spaces and workplaces
- More support around physical and mental health
 - Honest and clear communication pathways
 - Access to peer support
 - Inclusive education settings
- Culture change and anti-stigma activity
 - Equitable and just practice

Priority 1: Change society for inclusion

Through the coproduction and consultation process,
we asked people:



*‘What needs to change
in wider society to make
York a better place to be
autistic or have ADHD?’*

In the table below, we have listed the key themes which were identified ('we heard'), and the commitments and priorities that partners have made to respond ('we will').

We heard...

We need more quiet and inclusive spaces that meet the sensory needs of neurodiverse communities in the city. By following autism and ADHD good practice in designing public spaces and public services, everyone can benefit. There are particular issues with busy city events such as the Christmas market.

We will...

- Evaluate council spaces such as children's centres, libraries and leisure facilities, and work with partners such as Make it York and the Business Improvement District to encourage adjustments to other events and spaces in the city to reflect neurodiversity in our population
- Review current policies and practices for the Christmas market and submit a written response to the CYC Safety Advisory Group detailing changes that have been proposed.
- Promote to all spaces in York the National Autistic Society's Accessible Environments Resource.
- Promote to businesses the use of online resources which give customers information on what to expect before visiting

We heard...

Quiet spaces and more neurodiversity inclusive spaces would be especially helpful in schools, further/ higher education and health care settings.

We will...

- Assess spaces within York Hospital Urgent and Emergency Care Department and provide public and staff with information on how to spot and address sensory challenges in this setting
- Conduct an annual environmental audit in Child and Adolescent Mental Health Services (CAMHS) in York
- Encourage GP practices in York to implement the recommendations from the Healthwatch GP access survey 2025, and promote the IHEEM 'Designing for Everyone' guidance
- To work towards best practice led by PINS, NASEN Whole School SEND and the Inclusion Quality Mark alongside other identified national leading organisations including the development of Autism champions in schools

We heard...

It would be helpful for businesses to have Autism and ADHD champions, and for businesses to have autism inclusive badge schemes. There needs to be more support for neurodivergent people to get into employment and to have their reasonable adjustment needs met.

We will...

- Develop business support packs with practical advice on things like job adverts, interviews, first week inductions, meetings, reasonable adjustments, and performance management
- Explore Autism and ADHD champions programmes in each of our organisations
- Fund businesses to become autism inclusive employers through the National Autistic Society
- Develop a Neurodiversity managers toolkit for staff at York hospital
- Engage with partners through the reference group to support people with ADHD getting into employment and ensure workplaces are inclusive

We heard...

We need more public education about what neurodiversity looks like and feels like. There are lots of unhelpful stereotypes. This would be especially helpful for people in public facing jobs, and even more so for people in public facing parts of health, education, and care.

We will...

- Embed a training offer around Neurodiversity into the Good Business Charter, which covers 25% of York employees
- Introduce neurodiversity awareness into Adult Social Care workforce training, with a focus on strengths-based approaches and the importance of person-centred support.
- Explore ways to share real stories and experiences from neurodivergent adults in the public sphere in York, to highlight the diversity within neurodiversity, reduce stigma, and build empathy.
- Work with partners and neurodivergent adults to co-produce public education materials that challenge stereotypes and promote greater understanding of what neurodiversity looks and feels like in everyday life.

We heard...

We need to recognise that having a neurodivergent child or being a neurodivergent adult can have an impact on family finances.

We will...

- We will make sure that Adult Social Care signposts families to access financial advice, welfare benefits, and carers' assessments where appropriate, recognising the additional costs and pressures associated with supporting a neurodivergent young person. This includes reviewing how existing support services, including carers' assessments and welfare advice, can be better promoted and adapted to meet the specific needs of parents and carers of neurodivergent children.
- Promote welfare advice and financial inclusion resources, signposted in the 'Talk about Money' guide, to professionals working with neurodivergent people

We heard...

It can be incredibly difficult to navigate public transport. Visuals and a social story on buses/ bus stops could really help break down accessibility and expectations for neurodivergent people.

We will...

- City of York Council will work with the Enhanced Bus Partnership and York and North Yorkshire Mayoral Combined Authority to promote positive actions to make public transport in York more accessible to autistic people and those with ADHD.

We heard...

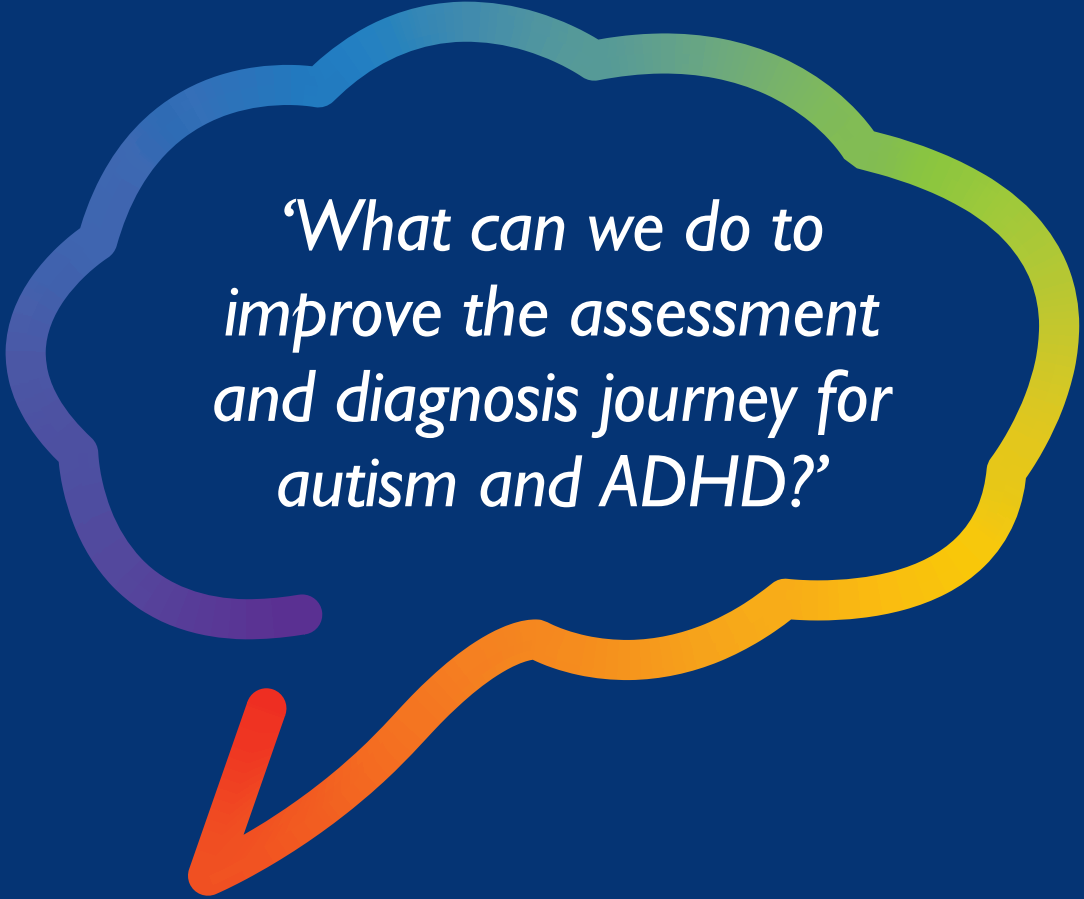
People who are neurodivergent can often experience stigma and discrimination, which, as well as being distressing, can add barriers to accessing compassionate support

We will....

- Consider where we can promote positive identity-first language and tackle discriminatory practice
- Help public sector bodies tell positive stories and celebrate the role and contribution of neurodiverse people in the city
- Raise awareness of intersectionality – for instance how we support neurodivergent individuals in communities which are already marginalised / facing stigma, such as our Gypsy and Traveller population

Priority 2: Make diagnosis and assessment work

Through the coproduction and consultation process,
we asked people:



*‘What can we do to
improve the assessment
and diagnosis journey for
autism and ADHD?’*

In the table below, we have listed the key themes which were identified ('we heard'), and the commitments and priorities that partners have made to respond ('we will').

We heard...

We need simple and clearly explained referral routes and timeframes, with help to navigate the referral if necessary.

We will...

- The Retreat will work alongside the ICB to ensure there is clarity on the information required to triage referrals for adult autism and ADHD assessments, and will contribute to the development of referral forms
- Commit to continuous development of the CAMHS website. This will include information on referral processes, key contacts and support whilst waiting, including when the official wait starts.
- Ensure organisations have robust and consistent waiting list management protocols, including a fair and equitable approach to people moving into area in line with guidance, and clarity around what to expect when receiving out of area support through right-to-choose, including subsequent consequences on prescribing
- Create an ICB-wide service specification for children and young people and one for adults, reducing variation in services across the system
- Develop one ICB-wide triage process and criteria to streamline assessment pathways.
- Work with primary care on a clear and consistent approach around the patient's 'right to choose' for their autism or ADHD assessment, and the arrangements for shared care of ADHD medication. This would aim to improve the way we communicate to patients how these two areas work in York.

We heard...

We need all professionals who may work with neurodivergent people to know about the pathways and give the same information. This is especially true for school, further/higher education staff and primary care staff where we often hear misinformation is being shared.

We will...

- Provide clearer information and continuous communication to primary care staff on pathway changes through GP Friday comms and do the same with schools through the school's mailer.
- The ICB will develop communities of practice to share learning amongst professionals and enhance consistency in access and services.
- Development of the SEND Partnership Training strategy and the SEND Communication strategy will support clear and correct information being shared by all partners. This will be driven by the SEND partnership board.
- Promote training and resources on awareness of Neurodiversity to primary care staff, focussing specifically on those with highest levels of first contact e.g. reception staff

We heard...

We need clearer and more succinct information about the purpose of the Dolt profiler, and that this information is coproduced with people who have recently used the DoIT profiler.

We will...

- Coproduce our websites and printed advice and information about how to complete the Dolt profiler. This will include what will/will not happen as a result of completing it.
- Work with York Disability Rights Forum and other groups to understand the particular ongoing challenges with the current information and advice that is available.

We heard...

We need codesigned communications, both the website and letters/emails sent to people awaiting assessment for diagnosis

We will...

- Continue to collaborate with neurodivergent communities in the development of all communications from The Retreat
- Continue to commit to coproduction of CAMHS website/letters/emails with co-creation groups in York, e.g. Parent Carer Forum (PCF) and York Inspirational Kids (YIK).
- Evaluate the Raise York, CYC and Local Offer websites with autistic young people and adults and /or with ADHD and make improvements as required
- Review communications (letters/emails/ text messages) from primary, secondary and social care services together with people with ADHD / autistic people to ensure information is consistent

We heard...

We need a clear explanation of the reasonable adjustments that are available to people with or without a diagnosis, including in schools, further/higher education and mental healthcare services.

We will...

- Include information on reasonable adjustments as standard in all diagnostic assessment reports.
- Offer advice and consultation through the Retreat clinical team on reasonable adjustments
- Work closely between the Retreat team and the Autism Liaison/Complex Needs team at York Hospital to assist with reasonable adjustments for accessing physical health care.
- CAMHS will commit to support a wider culture change around Neurodiversity within the city and continue to regularly review as a service how Neurodiversity is supported within CAMHS services.
- Work towards agreeing as a whole system that support/adjustments can be provided across all parts of the system without a neurodevelopmental diagnosis based on individual need
- Consider when expanded / double appointment times in primary care could be of benefit, to give neurodivergent people who have difficulties in separating out different health issues more time

We heard..

We need professionals in public facing roles to be aware of these reasonable adjustment commitments, and to give the same information as each other.

We will...

- Promote a toolkit for communication to professionals in different sectors on what their duties and responsibilities are around reasonable adjustments

We heard...

We need better access to assessment for diagnostic services, shorter waiting times, and processes need to be more transparent

We will...

- Ensure all processes around diagnosis and assessment are transparent within services provided by The Retreat and will provide regular updates on expected waiting times to service users.
- Coordinate between the ICB, The Retreat, TEWV and primary care colleagues to improve the shared care pathway for medication prescribing. Changes to the prescribing pathway will release capacity to offer more diagnostic assessments each month to those individuals with the highest level of need on the waiting list.

We heard...

We need to recognise that there are many neurodivergent adults who are undiagnosed and unsupported. In some cases, this has had a profound impact on their lives, including employment, addiction, homelessness, criminal activity, and relationship breakdown.

We will...

- Make post diagnostic resource packs available to those who are awaiting an assessment. In collaboration with the ICB the Retreat Clinics can consider expediting diagnostic assessments if there is indication that lack of formal diagnosis is having a direct impact on any of the areas described.
- As part of Care Act assessments, make sure neurodivergence is considered through strengths-based, person-centred approaches that focus on individual needs and outcomes, not just formal diagnoses
- Implement a trauma-informed approach to City of York Council services, in line with the motion to full council in 2024

We heard...

Especially for children and young people, we need clarity on the mental health care that they can expect to receive before and after a diagnosis of neurodivergence.

We will...

- CAMHS will continue to commit to offer mental health input and therapeutic intervention for any child/young person that is identified as having a mental health need that is considered severe and enduring, irrespective of whether they have a neurodevelopmental diagnosis or not.
- The ICB together with partners will review and connect the offer of assessment pathways and specialist clinical advice and guidance to mental health inpatient and community services to improve clinical outcomes.
- The ICB, together with partners, will map out the current offer and levels of need, including under-represented groups.
- Reduce variability in inclusion practices and improve consistency across all settings (ages 0-25), focusing on developing an Inclusion culture through courageous leadership, utilising best practice including adaptive teaching, inclusive classrooms, and trauma-informed approaches

We heard...

Support needs to remain consistent throughout the process of transitioning to adulthood

We will...

- Work closely with relevant partners to begin preparing for adulthood as early as possible, to ensure that an individual's transition into adult social care is successful, and they continue to receive the support they need as they become adults
- Preparing for Adulthood information and drop-ins will be available within SEND Central
- Training for children's services workforce about meeting Preparing for Adulthood needs and PFA pathways

We heard...

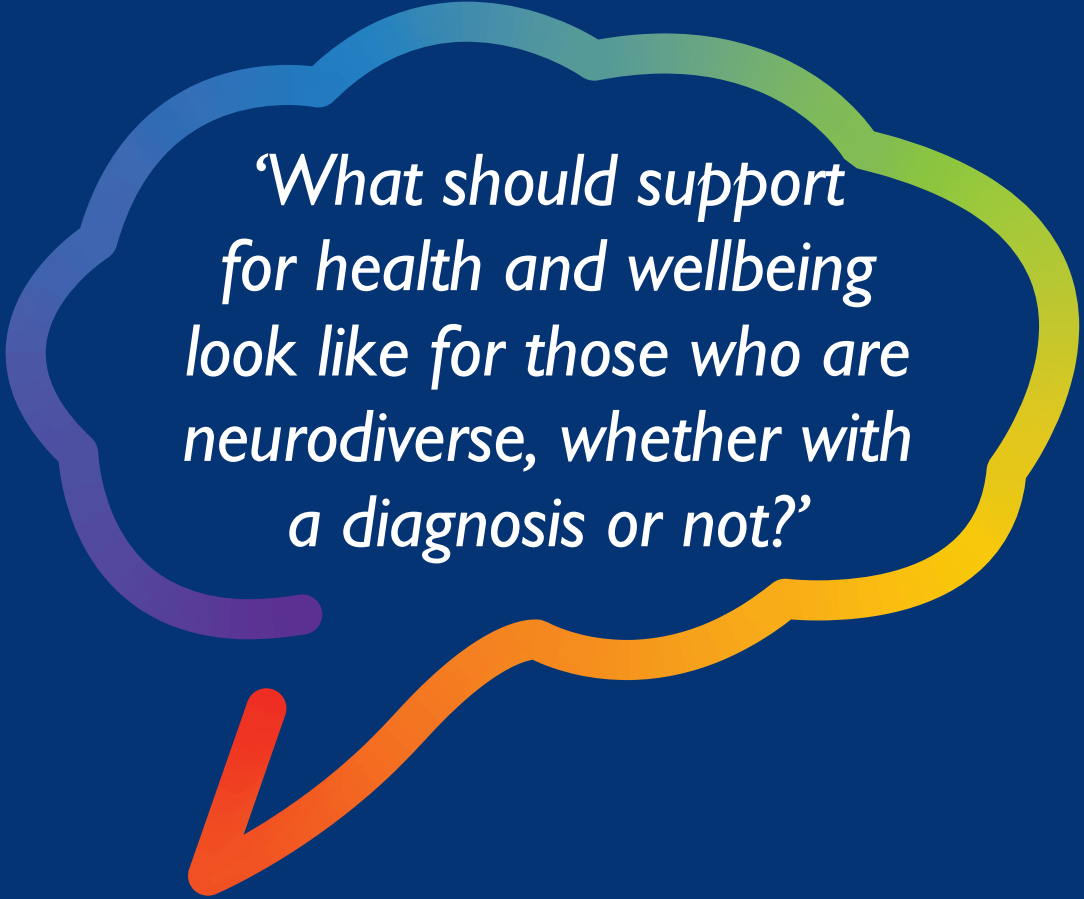
We need more support for adults who receive a late diagnosis

We will...

- Adult social care will work closely with health colleagues and ensure that people not only access the right treatment and interventions at the right time, but also receive the practical, emotional and community-based support they need- based on their individual identified needs- to maintain independence, dignity and quality of life.

Priority 3: Improve support in every setting

Through the coproduction and consultation process,
we asked people:



*‘What should support
for health and wellbeing
look like for those who are
neurodiverse, whether with
a diagnosis or not?’*

In the table below, we have listed the key themes which were identified ('we heard'), and the commitments and priorities that partners have made to respond ('we will').

We heard...

We need clarity on the types of support available before and after diagnosis, and for all organisations and professionals to give out the same information.

We will...

- Provide post diagnostic support packs and information for adults waiting for diagnostic assessment.
- Continue to develop the support section of the CAMHS website and ensure the CAMHS website link features on partner websites and information sources.
- Commit to providing resource and signposting support packs to all young people and families pre and post diagnostic assessment.
- The ICB will work collaboratively with the education sector to explore what support and action is taking place, including closer work on Neurodiversity with mental health support teams in schools through the Partnership for Inclusion of Neurodiversity in Schools approach
- Continue to offer the full range of holistic primary care (mental, physical and emotional health) to meet the wider needs of those who have been seen or triaged by their GP to complete the Do-It profiler, including in the completion of the profiler where possible

We heard...

There is no funding or practical help for small peer/community led groups, this is a real gap especially for neurodivergent adults.

We will...

- Develop a wider range of community-based support initiatives in York to create needs-led, open-access support specifically for neurodivergent individuals, particularly those facing mental health challenges. This will include developing a formal peer support offering tailored to neurodivergent individuals and creating a neurodivergent-led training program to help local organisations in York become more inclusive.

We heard...

Some of the websites are hard to navigate and have out to date information on them about the support available.

We need clear and structured pathways for intervention and ongoing support, with professionals working in all sectors (health, education, social care, employment) all providing the same advice and information about what is available.

We will...

- The Local Offer online information will be reviewed and improved through coproduction. This will include reviewing courses available to parents and making pathways clearer
- The development of SEND Central through coproduction, which aims to be a physical representation of the Local Offer. It will enable parents and carers to access the right information and support at the right time.
- Delivery of Local Offer engagement events in Family Hubs and Explore library sites to make the Local Offer more accessible.e.
- The SEND Partnership Board will hold partners to account around awareness of the Local Offer, so families are better served.
- Review information held on the RAISE York, City of York Council and Local Offer websites for accuracy and completeness. Evaluate with autistic young people and adults and /or those with ADHD.
- Continue to coproduce content on The Retreat website with neurodivergent individuals.
- Actively work with young people around the CAMHS website content, and work with partners in the city (Yor Mind, CYC Local Offer, YIKS, PCF, Specialist Teaching Team) to make sure information is regularly reviewed
- Develop a central ICB website hub for all-age information on neurodiversity, with place-specific information which includes resources for the local population on pre and post diagnostic support as well as assessment pathways, aligned to web-based channels with our York Local Offer site.
- CYC housing options team will continue to work towards improving communication and resources to make support and information more accessible and reasonable adjustments can be supported

We heard...

We want more preventative support, most especially to prevent physical and mental illness from developing or becoming worse. Families want named health professionals that they can recontact when they need. ‘Signposting’ is not supportive, and people can become overwhelmed by lists of advice sources.

We will...

- Include people with an autism or ADHD diagnosis in priority lists for NHS Health Checks
- Use the Good Mental Health Project (York CVS) to design sensitive and helpful mental health and resilience tools to support neurodivergent people keep mentally well.
- North Yorkshire Sport are committed to supporting improvements in the physical and mental health of autistic people and people with ADHD through movement, activity and sport. We welcome the opportunity to work with individuals and partners to ensure inclusivity is embedded across all delivery and on the development of targeted support.

We heard...

Families would value a period of ‘aftercare’ following a diagnosis where they can come back with questions about the diagnosis and are navigating the support on offer. People of all ages felt that there needed to be more post-diagnosis support.

We will...

- Commit to offering the post diagnostic support that is currently commissioned by the ICB within the adult diagnostic pathway. Different options are available for post diagnostic support dependent on individual needs. There is the opportunity for families to be involved in individual post diagnostic support if requested.
- Offer regular, free, online workshops aimed at families from the Retreat
- Offer post diagnostic support and intervention for young people with ADHD.
- Address gaps in provision for those young people who receive a diagnosis of autism but are not identified as having a mental health concern.

We heard...

Families want opportunities to meet other families before, during, and after diagnosis and get practical advice on things like diet, sleep, and behaviour. This would be a holistic and whole family approach.

We will...

- Develop autism and ADHD champions in the 0-19 service to provide support and practical advice to families
- Promote and support development of social support networks for families

We heard...

Some schools are felt to have unhelpful behaviour policies for autistic pupils and those with ADHD, and there needs to be more challenge when advice and support offered from school to school varies. There needs to be more support on wellbeing and school absence linked to autism and ADHD.

We will...

- Agree clear shared approaches on key policies including behaviour, attendance, and uniform policies that are trauma informed, use inclusive practice, and meet equality guidance and law
- Coordinate current training programmes to design and implement a comprehensive Education, Health, and Care Workforce Partnership Training Plan that enhances the collective capacity of the partnership to effectively support the needs of children and young people

We heard...

GPs and hospital staff could help by asking what support the person needs in their appointment, and advertising what reasonable adjustments can be offered regardless of diagnosis. For example, asking questions in a different way, providing a written summary of the appointment, or reviewing the waiting room environment.

We will...

- Develop an information video for neurodivergent people and their carers on what to expect in a busy hospital environment, who to speak to for help. Use this video as a training video for staff.
- Implement hospital passports which people complete with a staff member from the complex care team. Promote this service on the website.
- Take opportunities such as designated primary care staff training events ('Protected Learning Time') and other CPD events to increase awareness and knowledge of reasonable adjustment within primary care, regardless of whether someone does or does not have a diagnosis
- The Autism and ADHD strategy reference group will engage with the LGBTQ+ community to hear more about their experiences and further shape the actions we need to take.

We heard...

There needs to be more support for preventing suicide and self-harm.

We will...

- Support community action groups to coproduce interventions to reduce suicide and self-harm risk in people with ADHD / autistic people
- Ensure that the ICB Suicide and self-harm action plan and strategy details specific attention towards the autism and ADHD community. Increasing the focus on prevention for autistic people and individuals with ADHD whether they are in or out of crisis.

We heard...

There needs to be more support for those experiencing child to parent abuse and other safeguarding situations

We will...

- Work with families, professionals, and community organisations within the child protection process to recognise the link between neurodivergence and child-to-parent abuse, ensuring this is considered in assessments, support plans, and risk management approaches.
- Ensure Adult Social Care teams are aware of the long-term impacts that child-to-parent abuse can have on parents, carers, and neurodivergent young adults as they transition to independence.
- Adopt a whole family approach as part of the Domestic Abuse strategy in York, which will include support for the parent victim of CAPVA cases.

We heard...

There needs to be more support for carers both through peer networks and through access to tools/ resources

We will...

- Adult Social Care will continue to work towards the vision set out in the York Carers Strategy 2019-2024 and provide updates on any progress being made in creating a carer friendly city.

We heard...

We need short breaks for children and young people with ADHD

We will...

- Promote the offer of Short Breaks that are now available to children with ADHD based on needs and the social model of disability.
- Review and update the “Short Breaks Statement” within the Local Offer to clarify pathways to support and short breaks.
- Review the Short Breaks offer through consultation and co-production

How will we know
things are improving?



How will we know things are improving for autistic people and people who have ADHD?

The national Autism Strategy 2021-2026 states that data collection around services and outcomes for autistic people and people with ADHD is poor. We are proposing that, as far as we can measure these things in this context, we will know we are making a difference through this strategy if we see improvement in four broad areas for people who are neurodivergent:

1. Societal change

People tell us that more companies, shops, schools and other organisations are changing practices to make things more inclusive – this could be measured through business surveys, polling data

2. Experience of care

People report that they are experiencing better experience of care – this could be measured by patient experience questionnaires (PROMS), surveys e.g. the school's wellbeing survey

3. The way care is delivered

We can see that 'hard' measures are improving such as waiting lists, length of time to receive support in settings such as schools and health

4. Outcomes for people

We can measure wellbeing scores using standard quality of life measures, and we can see increasing equity in the prevalence of physical and mental health conditions between neurodivergent and neurotypical people

Who will take this
work forward?



Who will take this work forward?

Following the publication of this strategy, the existing steering group will evolve into an 'Autism and ADHD Strategy Reference Group' which will meet regularly. This group will work together to develop an implementation plan which will set out the actions, timelines and responsibilities for achieving the objectives outlined in the strategy. We will also establish a robust monitoring and evaluation framework to track progress and ensure accurate reporting to stakeholders and partners.

- This group will consist of partners and organisations who have already engaged with this strategy, as well as other organisations identified throughout the strategy process who will be pivotal in achieving our goals, and people with lived experience.
- The group will report on its activities regularly to the York Health and Wellbeing Board, and work together with a number of other partnerships groups:



**SEND and Alternative Provision (AP)
Partnership Board**



**Children and Young People's
Mental Health Group**



Connecting Our City Project



Learning Disability Partnership board



**Mental Health, Learning Disabilities and
Autism Collaborative**

The work of the group will align with the new 10 year Health Plan published by the government in 2025, central to which is a model of neighbourhood health. In the city of York this is being developed by health, care and voluntary sector partners.

A key initial action of the group will be to pull together an action plan which will take each 'we will' statement in the sections above across the three priorities, and will agree:

- Further details on how the action will be achieved
- Who is responsible for delivering the action
- What the timescale for the action is, and key milestones

The group will also monitor feedback and data on outputs and outcomes from other partnership groups e.g. transport groups, the HNY Mental Health Learning Disability and Autism Collaborative.

Appendices



Appendix I – Steering Group Members

- City of York Council Public Health
- City of York Council Children’s and Education
- City of York Council Adult Social Care
- Humber and North Yorkshire ICB
- Tees, Esk and Wear Valleys NHS Trust (CAMHS service)
- The Retreat
- Connecting our City Project
- York Disability Rights Forum
- Healthwatch York
- City of York Council Housing
- Change Grow Live
- York CVS
- York and Scarborough Teaching Hospitals
- University of York
- People with lived experiences, chosen through an open expression of interest process
- Primary Care

Appendix 2 – Examples of organisations and partnerships consulted

We took this strategy to a large number of partnership boards, to open workshops and through public consultation. It is not possible therefore to provide a definitive list of all of the organisations who have had a chance to feed in their views – the table below shows some examples of organisations (beyond those on the steering group) who fed into the process. The steering group apologises if any have been missed off! We have also drawn from important publications which showcase significant amounts of lived experience, including from Healthwatch York and Nothing About Us Without Us.

Primary SENCO meeting

- Secondary SENCO meeting
- York Business Intelligence Forum
- York Schools and Academies board
- Gypsy and Traveller Steering Group
- Dynamic support key workers
- York Schools forum
- Connecting our City Neurodiversity and Mental Health working group
- GP clinical directors
- ICB Mental Health, Learning Disability and Autism Collaborative
- York Parent Carer Forum
- Kyra
- CYC SEND team
- Higher York
- Danesgate
- York Early Years Leaders and Managers forum
- York Healthy Child Service
- York and Scarborough Teaching Hospitals NHS Foundation Trust
- SENDIASS
- Youth Justice Service York
- CYC Employment and Skills team
- CYC Housing Management Team

Appendix 3 – Co-production: a guide to meaningful partnership around Autism and ADHD

Introduction: What do we mean by co-production?

Throughout this strategy, we refer to co-production frequently. This is because we recognise that authentic co-production is the most powerful mechanism to design, decide, deliver, and evaluate services that are truly effective, relevant, and sustainable.

Co-production is far more than consultation or involvement. It is not about asking people for their opinions on pre-defined ideas. **True co-production is an equal and reciprocal partnership between professionals ('services') and experts by experience ('people who use services')**, where both parties work together from the outset to create a shared outcome.

It is a philosophy and a practice that values the different kinds of knowledge each partner brings:

- Experts by Experience: The expertise of navigating life, conditions, and systems.
- Professional Experience: The expertise of policy, governance, and service delivery.

When done correctly, co-production ensures that the services we create are not just done for or to people, but with them, leading to the right changes being made.

Key Principles for Meaningful and Successful Co-Production

The following principles are non-negotiable for organisations committed to genuine co-production. They are designed to dismantle traditional power imbalances and create a foundation of respect and equity.

1. Equity: The Foundation of Partnership

Co-production must be an equal partnership. This means actively redistributing power, resources, and ownership to ensure all voices hold equal weight.

- In Practice: This includes co-authorship of documents, equitable financial compensation for lived experience contributors, and shared decision-making at every stage of a project. Budgets and timelines must be co-designed.

2. Building Trust and Relationships

Trust is the currency of co-production. It cannot be rushed or assumed.

- In Practice: Invest time in building relationships before the 'work' begins. Be available, proactive, and regularly check in with individuals about their needs. Crucially, create an environment where neurodivergent individuals feel safe enough to unmask and express their authentic selves without fear of judgement. Avoid putting people on the spot in meetings.

3. Accessibility by Design

Accessibility is not an afterthought; it is a prerequisite for inclusion. If a process isn't accessible, it isn't co-production.

- In Practice: Use clear, direct communication free from jargon. Provide agendas and materials well in advance. Break large tasks into manageable steps. Offer multiple formats for participation (e.g., written, verbal, digital). Consider processing times when setting deadlines and ensure all tools and venues are physically and digitally accessible.

4. Cultivating a Safe Environment

A psychologically and physically safe environment is essential for open contribution.

- In Practice: Choose neutral, welcoming venues that foster confidence. Be hyper-aware of sensory needs—avoid loud, bright, or crowded settings. Normalise movement breaks and participation at an individual's own pace.

5. The Art of Listening and Acting

Listening is an active process that must lead to action. Without this, co-production becomes a tokenistic exercise.

- In Practice: Listen to understand, not to reply. Do not make assumptions. Establish clear, accessible, and timely feedback loops. Be transparent about how contributions have influenced outcomes. If a suggestion cannot be acted upon, explain why honestly and respectfully.

6. Ongoing Evaluation and Learning

Co-production is a journey of continuous improvement. We must reflect on our practice to ensure it remains meaningful.

- In Practice: Use reflective tools and methods to assess the co-production process itself. Ask: "Where is our partnership thriving? Where do power imbalances still exist? How can we improve?"

7. Accountability and Transparency

Organisations must be held accountable for their co-production practices.

- In Practice: Be transparent about who was involved, how they were recruited, and the steps taken to ensure diverse representation. Clearly document how lived experience expertise shaped the final outcomes. Publicly credit co-producers for their work.

This guide has been informed by the work of Co-Production Collective and other leaders in the field. For more detailed information on co-production with neurodiverse communities, please see: <https://www.coproductioncollective.co.uk/news/the-importance-of-co-production-in-neurodiverse-communities>

If you would like this document in an alternative format, please contact:



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我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim (Polish)
własnym języku.

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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