

## **A note on this document.**

This is an early draft of an Autism and ADHD Strategy for York 2025-2030. It has been prepared before holding consultation events with people who are neurodivergent in the city and with partners. Feedback from these events will further shape and refine the document. We expect to publish the document in Autumn 2025.

# A city that works for all

Autism and ADHD Strategy for York  
2025-2030

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## A word before

We will include here a number of quotes from the coproduction / consultation events, which aim to show an honest perspective on life as an autistic person or someone with ADHD in the city

DRAFT

## Introduction to this strategy

Thank you for taking the time to read this strategy.

Autistic people and people with ADHD belong in York. 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 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.

## **Why is this strategy just about York?**

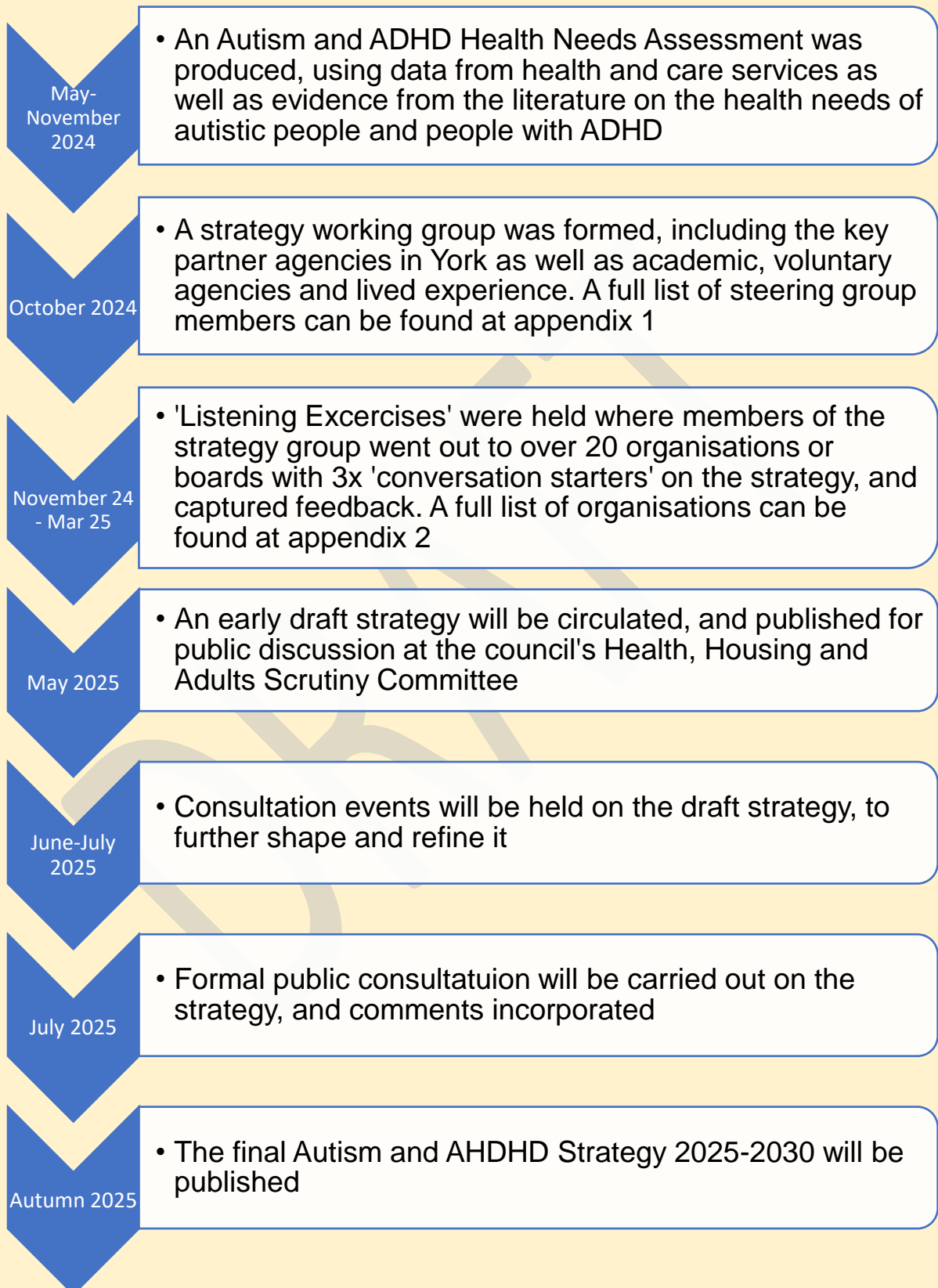
This strategy is about York specifically because that means that we can plan for the specific strengths and needs of people who live in York. We can take into account local resources such as local charities and support groups. We are working with North Yorkshire Council (our major neighbour) to make 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 was the strategy put together?



## 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.

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 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.



# Highlights from the York Autism and ADHD Health Needs Assessment 2025

<b>Prevalence and Demographics</b>	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.	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
	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.	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.
<b>Assessment and waiting lists</b>	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.
<b>Health issues</b>	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 is still low, and children, adults and carers experience stigma from friends, family and services.

## The Social Model of Disability

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 and discrimination.

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 parents reject the social model of disability, especially if their children have additional physical or cognitive needs. Therefore not all members of the neurodiversity community and those that support them agree with the social model of disability, aligning more with traditional medical models.

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.

## Our Vision and the 3 pillars

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 pillars are ...

### **Pillar 1:**

Change society for inclusion

### **Pillar 2:**

Make diagnosis and assessment work

### **Pillar 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 and 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 adjustment with or without a diagnosis

Inclusive public spaces and work places

More support around physical health

Honest and clear communication on pathways

Access to peer support

Inclusive education settings

Culture change and anti-stigma activity

Equitable and just practice

## Pillar 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 will...
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.	<ul style="list-style-type: none"><li>• 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</li><li>• 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.</li><li>• Promote to all spaces in York the National Autistic Society’s Accessible Environments Resource.</li><li>• Promote to businesses the use of online resources which give customers information on what to expect before visiting.</li></ul>
Quiet spaces and more neurodiversity inclusive spaces would be especially helpful in schools and health care settings.	<ul style="list-style-type: none"><li>• 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 this setting</li><li>• Conduct an annual environmental audit in Child and Adolescent Mental Health Services (CAMHS) in York</li></ul>

We heard...	We will...
	<ul style="list-style-type: none"> <li>• Encourage GP practices in York to implement the recommendations from the Healthwatch GP access survey 2025, and promote the IHEEM 'Designing for Everyone' guidance</li> <li>• Continue to learn from the Partnership for Inclusion of Neurodiversity in Schools (PINS) programme and ADHD Foundation training to further develop sensory inclusion in education settings and to increase area inclusion bases that meet the needs of the majority of pupils.</li> </ul>
<p>It would be helpful for businesses to have neurodiversity champions, and for businesses to have autism inclusive badge schemes. There needs to be more support for people with neurodiversity to get into employment and to have their reasonable adjustment needs met.</p>	<ul style="list-style-type: none"> <li>• Develop business support packs with practical advice on things like job adverts, interviews, first week inductions, meetings, reasonable adjustments, and performance management</li> <li>• Explore Neurodiversity champions programmes in each of our organisations</li> <li>• Fund businesses to become Autism inclusive employers through the National Autistic Society</li> <li>• Develop a Neurodiversity managers toolkit for staff at York hospital</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Embed a training offer around Neurodiversity into the Good Business Charter, which covers 25% of York employees</li> <li>• Introduce neurodiversity awareness into Adult Social Care workforce training, with a focus on strengths-based approaches and the importance of person-centred support.</li> </ul>

We heard...	We will...
	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<p>We need to recognise that having a neurodivergent child or being a neurodivergent adult can have an impact on family finances.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Promote welfare advice and financial inclusion resources, signposted in the 'Talk about Money' guide, to professionals working with neurodivergent people</li> </ul>

Case studies will be added at this stage in the document relevant to the first pillar

## Pillar 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 will...
We need simple and clearly explained referral routes and timeframes, with help to navigate the referral if necessary.	<ul style="list-style-type: none"><li>• 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</li><li>• 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.</li><li>• 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</li><li>• Create an ICB-wide service specification for children and young people and one for adults, reducing variation in services across the system</li><li>• Develop one ICB-wide triage process and criteria to streamline assessment pathways.</li></ul>



We heard...	We will...
<p>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 staff and primary care staff where we often hear misinformation is being shared.</p>	<ul style="list-style-type: none"> <li>• 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 schools mailer.</li> <li>• The ICB will develop communities of practice to share learning amongst professionals and enhance consistency in access and services.</li> <li>• 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.</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Work with York Disability Rights Forum and other groups to understand the particular ongoing challenges with the current information and advice that is available.</li> <li>• Triage a sample of 250 adults who have who the DoIT profiler categorises as least likely to meet the threshold for assessment, to understand the needs of this cohort and shape the next steps. This is intended to drive improvement in support and prevention provided by NHS and wider services, for instance to improve possible adjustments or support without a diagnosis.</li> </ul>



We heard...	We will...
<p>We need codesigned communications, both the website and letters/emails sent to people awaiting assessment for diagnosis</p>	<ul style="list-style-type: none"> <li>• Continue to collaborate with neurodivergent individuals in the development of all communications from The Retreat</li> <li>• 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).</li> <li>• Evaluate the Raise York and CYC website with young people and adults with autism and or ADHD and make improvements as required</li> <li>• 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</li> </ul>
<p>We need a clear explanation of the reasonable adjustments that are available to people with or without a diagnosis, including in schools and mental healthcare services.</p>	<ul style="list-style-type: none"> <li>• Include information on reasonable adjustments as standard in all diagnostic assessment reports.</li> <li>• Offer advice and consultation through the Retreat clinical team on reasonable adjustments</li> <li>• 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.</li> <li>• Commit to an ongoing culture change in CAMHS around Neurodiversity</li> <li>• Work towards agreeing as a whole system that support/adjustments can be provided across all parts of the system without a</li> </ul>

We heard...	We will...
	<p>neurodevelopmental diagnosis based on individual need.</p> <ul style="list-style-type: none"> <li>• Coordinate work around Partnership for Inclusion of Neurodiversity in Schools (PINS) to ensure it supports autism and ADHD pathways within health and the offer of support required at a schools level.</li> </ul>
<p>We need professionals in public facing roles to be aware of these reasonable adjustment commitments, and to give the same information as each other.</p>	<ul style="list-style-type: none"> <li>• Promote a toolkit for communication to professionals in different sectors on what their duties and responsibilities are around reasonable adjustment</li> </ul>
<p>We need better access to assessment for diagnosis services, and shorter waiting times.</p>	<ul style="list-style-type: none"> <li>• The Retreat Clinics commit to completing the number of assessments that the ICB commission to do. Should additional funding become available to increase capacity then The Retreat Clinics would be committed to increasing capacity in an attempt to reduce wait times for diagnostic assessment.</li> <li>• We are continuing to work closely with our specialist provider and primary care colleagues to improve the shared care pathway for medication prescribing. Changes to the prescribing pathway will release capacity within our commissioned specialist provider to offer more diagnostic assessments each month to those individuals with the highest level of need on the waiting list.</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• 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</li> </ul>

We heard...	We will...
	<p>impact on any of the areas described.</p> <ul style="list-style-type: none"> <li>• As part of Care Act assessments, we will make sure neurodiversity is considered through strengths-based, person-centred approaches that focus on individual needs and outcomes, not just formal diagnoses</li> <li>• We will implement a trauma-informed approach to City of York Council services, in line with the motion to full council in 2024</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The ICB together with partners will map out the current offer and levels of need, including under-represented groups.</li> <li>• Review the provision in education settings that is available for Autistic and /or ADHD children and young people in relation to their emotional and mental health and reshape provision to better meet needs.</li> </ul>

Case studies will be added at this stage in the document relevant to the second pillar

## Pillar 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 will...
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.	<ul style="list-style-type: none"><li>• Provide post diagnostic support packs and information for adults waiting for diagnostic assessment.</li><li>• Continue to develop the support section of the CAMHS website and ensure the CAMHS website link features on partner websites and information sources.</li><li>• Commit to providing resource and signposting support packs to all young people and families pre and post diagnostic assessment.</li><li>• 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</li></ul>
There is no funding or practical help for small peer/community led groups, this is a real gap especially for adults with neurodiversity.	<ul style="list-style-type: none"><li>• Use a funding pot to develop community-based support initiatives in York. The aim of this funding is 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</li></ul>

We heard...	We will...
<p>Some of the websites are hard to navigate and have out to date information on them about the support available.</p> <p>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.</p> <p>This information should also be held online on a single website so that individuals and families can access this too. It is essential that this information is accurate, complete, up to date, and specific to York.</p>	<p>program to help local organisations in York become more inclusive.</p> <ul style="list-style-type: none"> <li>• The Local Offer online information will be reviewed and improved through coproduction</li> <li>• The development of the SEND Hub 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.</li> <li>• Delivery of Local Offer engagement events in Family Hubs and Explore library sites to make the Local Offer more accessible.</li> <li>• The SEND Partnership Board will hold partners to account around awareness of the Local Offer so families are better served.</li> <li>• Review information held on the RAISE York and City of York Council websites for accuracy and completeness. Evaluate with Autistic and/ or ADHD young people and adults</li> <li>• Continue to coproduce content on The Retreat website with neurodivergent individuals.</li> <li>• Actively work with young people around the CAMHS website content, and work with partners in the city (Yor Mind, CYC Local Offer, YIKS, PCF) to make sure information is regular reviewed</li> <li>• Develop a central ICB website hub for all-age information on neurodiversity, with Place-specific information which includes resources for the local population</li> </ul>

We heard...	We will...
	<p>on pre and post diagnostic support as well as assessment pathways, aligned to web-based channels with our York Local offer site.</p> <ul style="list-style-type: none"> <li>• Increase Housing Officer awareness and recognising of neurodiversity, increase training uptake, improve communication methods to customers, identify and record need and further improve data on tenants so reasonable adjustments can be supported</li> </ul>
<p>We want more preventative support, most especially to prevent physical and mental illness from developing or becoming worse. Families wanted named health professionals that they can recontact when they need. 'Signposting' was not supportive, and people can become overwhelmed by lists of advice sources.</p>	<ul style="list-style-type: none"> <li>• Include people with an autism or ADHD diagnosis in priority lists for NHS Healthchecks</li> <li>• Use the Good Mental Health Project (York CVS) to design sensitive and helpful mental health and resilience tools to support people with neurodivergence keep mentally well.</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Offer regular, free, online workshops aimed at families from the Retreat</li> <li>• Offer post diagnostic support and intervention for young people with ADHD.</li> <li>• Address gaps in provision for those young people who receive a diagnosis of autism but are not identified as having a mental health concern.</li> </ul>

We heard...	We will...
<p>Families want opportunity 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.</p>	<ul style="list-style-type: none"> <li>• Develop neurodiversity champions in the 0-19 service to provide support and practical advice to families</li> <li>• Promote and support development of social support networks for families</li> </ul>
<p>Some schools have unhelpful behaviour policies, and there needs to be more accountability where different advice and support is offered from school to school. There needs to be more support on wellbeing and on school refusal and masking in schools.</p>	<ul style="list-style-type: none"> <li>• Education settings will review policies in relation to the promotion of belonging</li> <li>• Development of a SEND Partnership Training strategy and schools position statements in relation to inclusive education.</li> </ul>
<p>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.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Implement hospital passports which people complete with a staff member from the complex care team. Promote this service on the website.</li> </ul>
<p>There needs to be more support for preventing suicide and self-harm.</p>	<ul style="list-style-type: none"> <li>• Support community action groups to coproduce interventions to reduce suicide and self-harm risk in people with ADHD / Autistic people</li> <li>• 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 and ADHD individuals whether they are in or out of crisis.</li> </ul>
<p>There needs to be more support for those experiencing child to parent abuse and other safeguarding situations</p>	<ul style="list-style-type: none"> <li>• Work with families, professionals, and community organisations within the child protection process to</li> </ul>



We heard...	We will...
	<p>recognise the link between neurodivergence and child-to-parent abuse, ensuring this is considered in assessments, support plans, and risk management approaches.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>

Case studies will be added at this stage in the document relevant to the second pillar



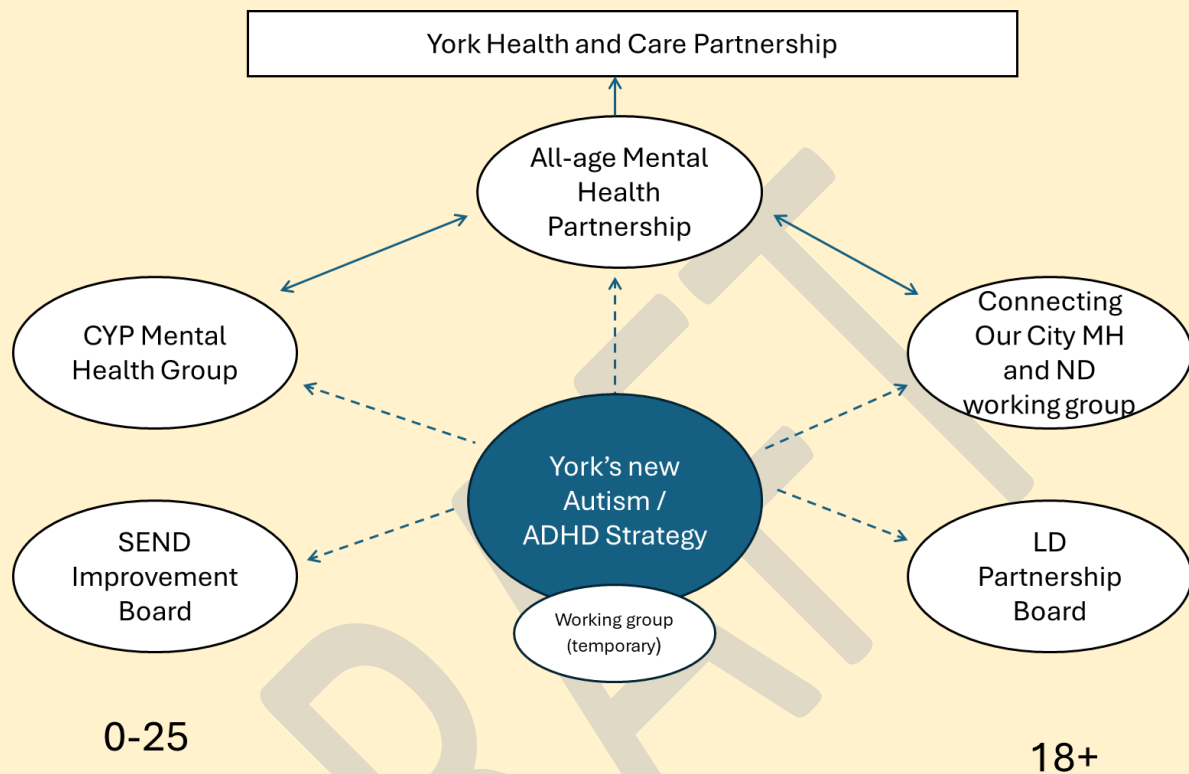
## How will we know we've made a difference?

This section will be completed once the further consultation events have been held, and will include direct feedback from participants on what measures we can use, both qualitative and quantitative, to know if we are making a difference.

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## Who will take this work forward?

The partnership structure which currently exists to support this work is shown below:



During the next period of coproduction, we will be seeking views on how the partnership structures should work in York to ensure this strategy is monitored and delivered, including the evolving commissioner landscape within the Integrated Care Board

## Appendix 1 – Steering Group Members

City of York Council (Public Health, CYC Children's and Education, Adult Social Care, Housing)	Healthwatch York
Humber and North Yorkshire ICB	York CVS
North Yorkshire and York CAMHS	York and Scarborough Teaching Hospitals
The Retreat	Change Grow Live
Connecting our City Project	University of York
York Disability Rights Forum	National Autistic Society
Primary Care	

## Appendix 2 – Organisations consulted so far

This is an evolving list and more organisations will be added:

Primary SENCO meeting	<a href="#">Snappy</a>
Secondary SENCO meeting	<a href="#">Nothing About Us Without Us</a>
York Business Intelligence Forum	Higher York
York Schools and Academies board	Danesgate school
Gypsy and Traveller Steering Group	York Early Years Leaders and Managers forum
Dynamic support key workers	York Healthy Child Service
York Schools forum	<a href="#">Specialist teaching teams</a>
Connecting our City Neurodiversity and Mental Health working group	<a href="#">York Hospital child development centre</a>
GP clinical directors	SENDIASS
ICB Mental Health, Learning Disability and Autism Collaborative	Youth Justice Service York
York Parent Carer Forum	<a href="#">Employment and skills team</a>
Living Autism	<a href="#">Housing</a>
<a href="#">York Inspirational Kids</a>	<a href="#">Blue</a> = Further engagement needed

Suggested further appendices:

Appendix 3- Strategic landscape mapping partners in this area

Appendix 4- policy and official guidance relevant to this area

Appendix 5- Glossary of terms