

All Age Autism and

ADHD Strategy

2025 – 2030



Produced in partnership with autistic and ADHD
Experts by Experience and their families



Forewords from Chairs of the Board



Sam Morrison

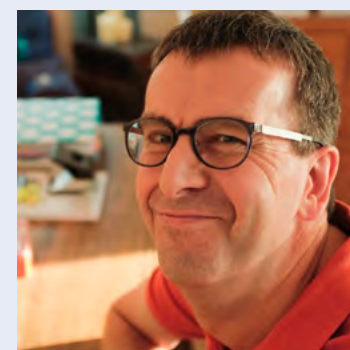
Co-Chair of the Autism and ADHD Partnership Board. Executive Director of Adult Social Care and Health at Kingston Council

It is my pleasure as a Co-Chair of the Autism and ADHD Partnership Board to introduce the co-produced All Age Autism and ADHD Strategy for Kingston.

In Adult Social Care, our vision is to put people at the heart of all we do and to work together to make a positive difference. This is our first Autism and ADHD strategy in Kingston, so it is an important, positive step towards continuing to create a more inclusive and accessible borough. The Autism and ADHD Partnership Board was formed in autumn 2023 and is a collaboration of experts by experience and professionals. This group has worked together to hear the voice of residents and to develop a strategy which aims to reduce inequalities and increase opportunities for autistic people, people with ADHD and their families in Kingston.

The voice of our experts by experience has truly been at the heart of the strategy every step of the way and I want to extend my heartfelt thanks to each resident who has contributed. I would also like to thank my co-chair, Jean-Marc Le Tissier, for sharing his expertise and insight and all our partners who have been involved.

Together we look forward to creating a borough where every individual feels valued, heard and empowered.



Jean-Marc Le Tissier

Co-Chair of the Autism and ADHD Partnership Board. Expert by Experience

Both Autism and ADHD are lifelong, neurological conditions. They are roughly as common in girls and women as boys and men, and in people from all ethnic backgrounds.

About 1 in 20 of us who live, work in or visit the borough are Autistic or ADHD. For Kingston to be truly inclusive, benefit socially and economically from diversity, and be a great place to live, it needs to welcome and support us.

Too often these conditions are viewed only as problems. They will always be challenging to those of us who have them, but with the right support we can live happy and fulfilled lives and make a significant positive contribution to the economic and social life of the community.

I want to thank RBK, especially my co-chair Sam Morrison and her team, for their vision to develop an all age strategy for both autistic and ADHD people without a learning disability. RBK also chose to engage people with lived experience, and reflect the current medical and scientific understanding of these conditions. I emphasise these points because they are positive choices that set the RBK strategy ahead of many others.

I'm ADHD and it's been a privilege to serve as co-chair, and work with such committed and dedicated people from RBK and partner organisations, and with the autistic and ADHD members of the board. Many more Autistic and ADHD people across the borough have engaged in the development of the strategy, and their contributions have been vital to achieving such a positive result.

The strategy gives us a clear direction of travel. Getting there isn't going to happen overnight. It demands a lot of RBK, and they're up for it, but we can't sit back and expect them to do everything needed. The bulk of changes have to happen in the NHS and other service providers. Voluntary and community organisations have a vital part to play.

Each one of us in the borough can make a difference by educating ourselves about Autism and ADHD. You might be surprised by how many Autistic or ADHD people you already know. Let's help each other make everyone's life here better.

EbE (Experts by Experience) Quotes



‘Being a part of developing the strategy has been a great experience, and fills me with hope that Kingston will continue to grow into a community that not only supports Autistic and ADHD people, but really champions neurodiversity.’

Rebecca, EbE



“I am grateful for having the opportunity to contribute to the strategy from a carer’s perspective. Following my daughter’s autism diagnosis at 10, she was lucky enough to join a youth club where she could socialise with other neurodivergent young people. The club was the highlight of her week and became her sanctuary. But at the same time I realised that more support in education, the community and world of work is needed to help her and other autistic people to thrive. I hope that Kingston’s strategy is just the start of a journey that will create more support and more opportunities for people with ADHD and autism in Kingston.”

Helen, EbE



‘It has been a new experience to be involved in the Autism and ADHD strategy and nice to have a place to go to be with adults with similar disabilities where we can voice opinions with others who have and understand the disability.’

If someone doesn’t have Autism and ADHD the strategy will help them to understand it better and help people who have it understand their disability better and that there are others who can help them to understand it better.’

Louis, EbE



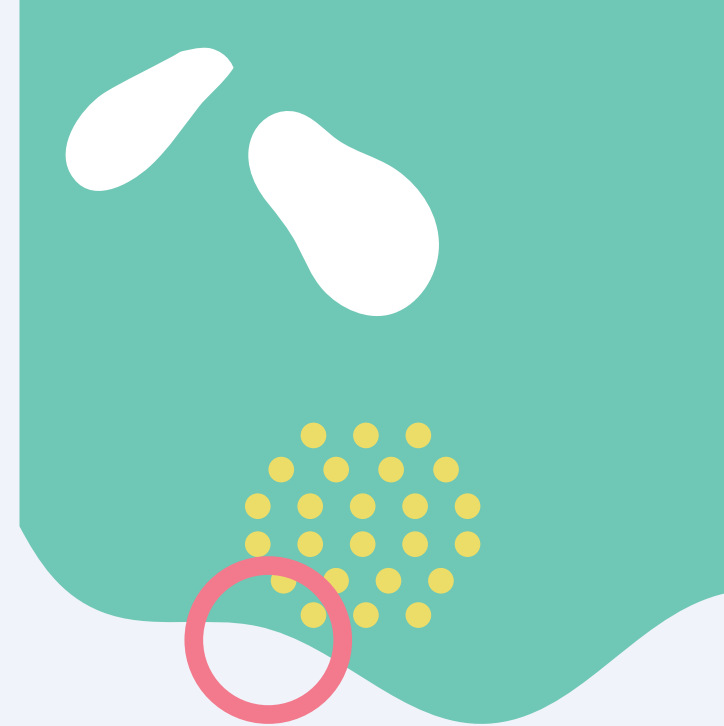
‘The Involve Team is happy that we are part of the Autism and ADHD Partnership Board and that we can talk about how hard it is for Autistic people and people with ADHD. We hope that the strategy will help lots of people in Kingston, we have enjoyed designing the strategy and having our say in the strategy.’

Involve Team

Introduction

This all-age strategy sets out our aim for Kingston to be a place where autistic people and people with ADHD have the opportunities and support to live their lives well. It has been developed in partnership with autistic people, people with ADHD, their families and other experts.

Autism and ADHD are Neurodevelopmental conditions and over half of autistic people also meet the criteria for ADHD. The symptoms and support needs are similar, so this strategy includes both conditions.



We already know there are challenges in getting a timely diagnosis and appropriate support, and that people continue to face challenges in the areas of education, employment and housing. This document aims to address the needs of autistic people and people with ADHD by sharing what we have heard, and focussing on the areas that have been highlighted as most important.

Language around neurodiversity is changing, and people may use different words to describe themselves or others. In this document we have used the terms 'autistic people' and 'people with ADHD' which are terms used by the National Autistic Society and ADHD UK. Where we refer to an 'expert by experience', this is an autistic person and/or someone who has ADHD. It also includes someone who might give support, like a family member.

Kingston council is calling on all local partners to increase the awareness of Autism and ADHD and demonstrate their commitment to improved outcomes.

Note: This plan does not include all neurodivergent conditions, however, a key aim is that Kingston is a neuro-inclusive borough where people have the same opportunities as everyone else.

All Age Autism and Attention Deficit Hyperactivity Disorder (ADHD) Strategy 2025-2030

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Summary

This strategy is our plan to make Kingston a better place for autistic people and people with ADHD.



'All I want is to have a good quality of life...'

Why is a plan needed?

By having a plan that covers all ages, within health, social care and the wider reach of the council we can work towards becoming a more inclusive and supportive community for autistic people, people who have ADHD, and other neurodivergent conditions. We know it makes sense to provide the right support at the right time and this leads to people living healthier, happier, more productive lives and also reduces costs to Health and Social Care.



'I want to be healthy in my mind therefore body/health'

How did we decide what to include?

The strategy was developed by talking to autistic people, people with ADHD and professionals. We heard that the main areas that can improve the lives of autistic people and people with ADHD are:

1. Getting a diagnosis and getting support
 - o To focus on reducing waiting times for diagnosis and getting support
 - o Make it easier to find support while waiting for a diagnosis



'I don't want to be invisible anymore'



'I struggle to find the words to explain'

2. Healthcare and Wellbeing
 - o Make it easier to make GP appointments
 - o Increase Mental Health support
 - o For healthcare professionals to have more understanding of Neurodivergent conditions
 - o Suitable housing
3. Education
 - o Offer more information for parents
 - o Train teachers to support autistic students and students with ADHD
4. Adult Support and Employment
 - o Workplaces need to understand autism, ADHD, and other neurodivergent conditions and support these employees well
 - o Provide support for people to get into, and work well in their jobs
 - o Provide support for people to live more independently

How will we know if it's working?

The Autism and ADHD Partnership Board will check to see if the plan is working. They'll look at things like how people feel about their quality of life and how long it takes to get the services people need.

In short...

This plan is about making Kingston a supportive place where autistic people and people with ADHD have the same chances as everyone else. It aims to make sure people can get help when they need it, in school, health, social care and work and to increase the awareness of autism and ADHD.

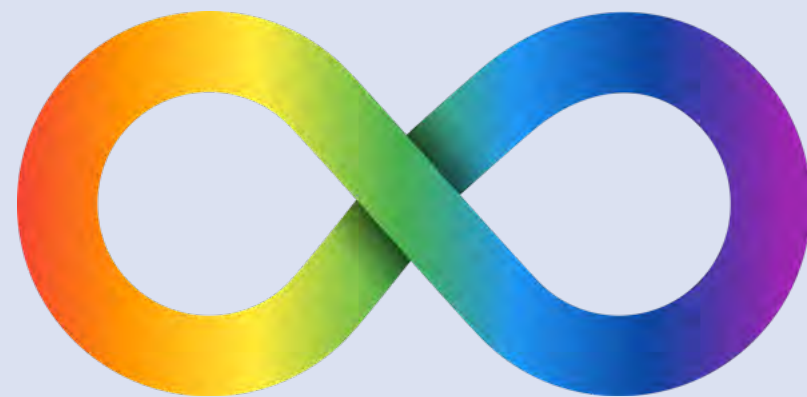
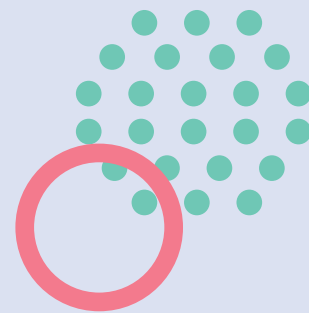
What is Autism?

Autism is a lifelong condition that affects how people communicate and interact with the world.

The National Autistic Society has said that around one in 100 people are autistic ¹. The criteria for autism includes social communication, repetitive and restrictive patterns of behaviour or interests. However, the way autistic people experience their environment can lead to areas of strength or difficulty that vary between individuals.

For example, autistic people can have;

- o strong attention to detail
- o above average technical or creative skills.
- o character strengths, such as honesty and loyalty
- o difficulty predicting what will happen next
- o difficulty knowing or understanding what other people think or feel.
- o differences in sensory processing, including over- and under-sensitivity



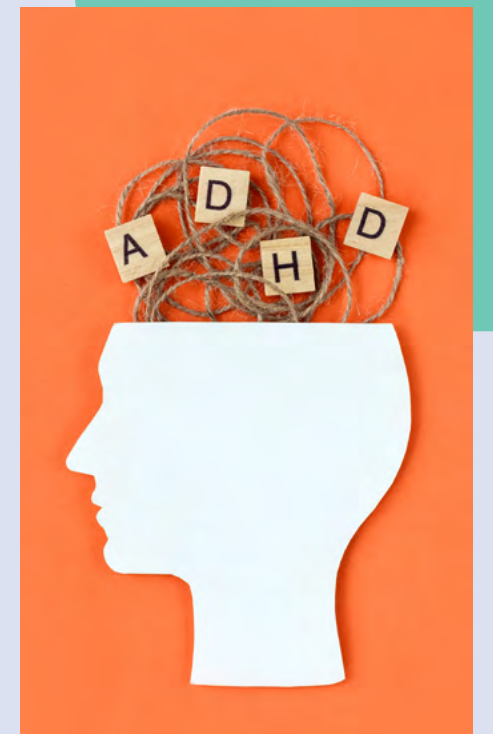
What is ADHD?

ADHD (Attention Deficit Hyperactivity Disorder) is a condition that impacts the parts of the brain that help people plan, focus on, and carry out tasks.

The National Institute for Health and Care Excellence (NICE) tells us that five in every 100 people have ADHD. People with ADHD can have difficulty in focusing and switching attention and/or hyperactivity-impulsivity that interferes with their day-to-day life ².

ADHD by name refers to hyperactivity, this might look different at older ages. For example, in adults, hyperactivity may appear as extreme restlessness or wearing others out with their activity. It is also often more difficult to diagnose in girls and adults. People with ADHD may have different areas of strength or challenges including;

- o having strong creative thinking, often having unique ideas
- o having a lot of enthusiasm for things they are passionate about
- o having trouble staying focused or get distracted easily
- o finding it hard to stay still
- o doing things without thinking and interrupting others

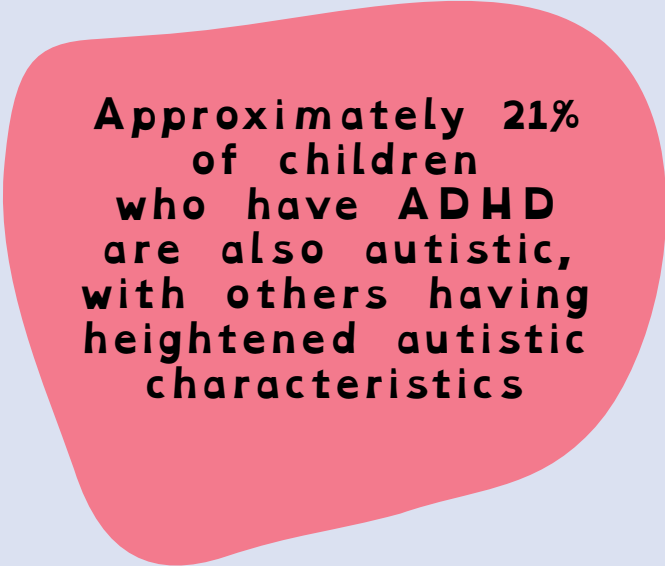
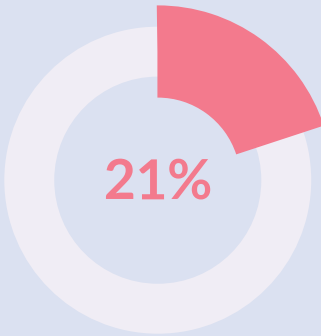
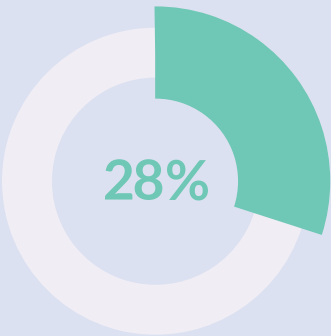
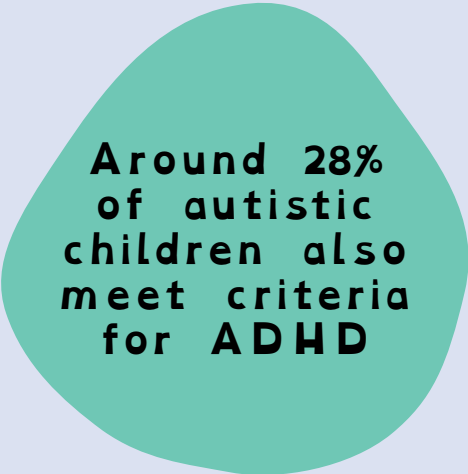


Co-occurring conditions

A co-occurring condition is when a person has more than one condition or illness at the same time. Research by Autistica has identified that ADHD and autism frequently co-occur³. We also know that autistic people and people with ADHD are more likely to have experienced adverse childhood experiences (ACE's)⁴.

Autistic people and people with ADHD may have difficulty functioning in a world that is designed for neurotypical brains. Sensory issues and issues with memory, attention, and thinking can make daily tasks challenging.

They are also more likely to have mental health issues and emotional dysregulation⁵, hypermobility⁶ and impaired executive function⁷ in comparison to the general population.



Source: Autistica³

Other health conditions

Autism and ADHD are not mental health conditions, and not every person with a neurodevelopmental condition will have mental health difficulties. However, research by the King's College London has found that having a neurodevelopmental condition does mean that people are more likely to develop mental health problems.

The National Autistic Society says that 80% of autistic people have a mental health condition⁸ and autistic people

are up to four times more likely to have anxiety disorder, and twice as likely to have depression.

Research indicates that suicide is a major cause of early mortality in autistic people and people with ADHD⁹. It has also been shown that autistic people and people with ADHD are more vulnerable to negative life experiences, which may also impact mental health.

Neurodevelopmental conditions

Autism and ADHD are both neurodevelopmental conditions (brain development has been affected in some way). That means both conditions affect the central nervous system, which is responsible for movement, language, memory, and social and focusing skills.

Autistic people and people with ADHD may experience symptoms of other neurodevelopmental conditions such as dyslexia, and dyspraxia.

Delays in language development are common in both conditions, and up to 30% of autistic people are non-speaking (completely, temporarily, or in certain contexts).



Why do we need a strategy?

Providing early support for autistic children and adults and for people with ADHD, is one of the most important things we can do to improve people's health and well-being. The Autism Act 2009 also places a responsibility on the local authority to have its own Autism Strategy.

Research has shown that early support leads to;

- o Reduced risk of mental health struggles, academic challenges, and social difficulties
- o Reduced costs to Health and Social Care. Providing early support is more cost-effective than dealing with the consequences of untreated conditions, which can result in the need for more intensive support
- o Improved inclusion in the community and more people in education and work



Autistic people and people with ADHD have told us that there are examples of services that work well in Kingston, but to enable more people to live their best lives, we need to improve in some areas and improve the consistency of good practice.

We can only be effective by working with services that have similar aims, by committing to take action and by using the council's influence to campaign for change. The strategy aims to bring together local services, organisations and the wider community to raise awareness of neurodiversity by working together on an action plan.

The Action Plan looks at the things that are important to the people of Kingston. Kingston Council will use this opportunity to set a positive example, review processes, and champion organisations that demonstrate best practice.

It is only by working with, and listening to autistic people and people with ADHD that we can take the right action to improve people's health and wellbeing.

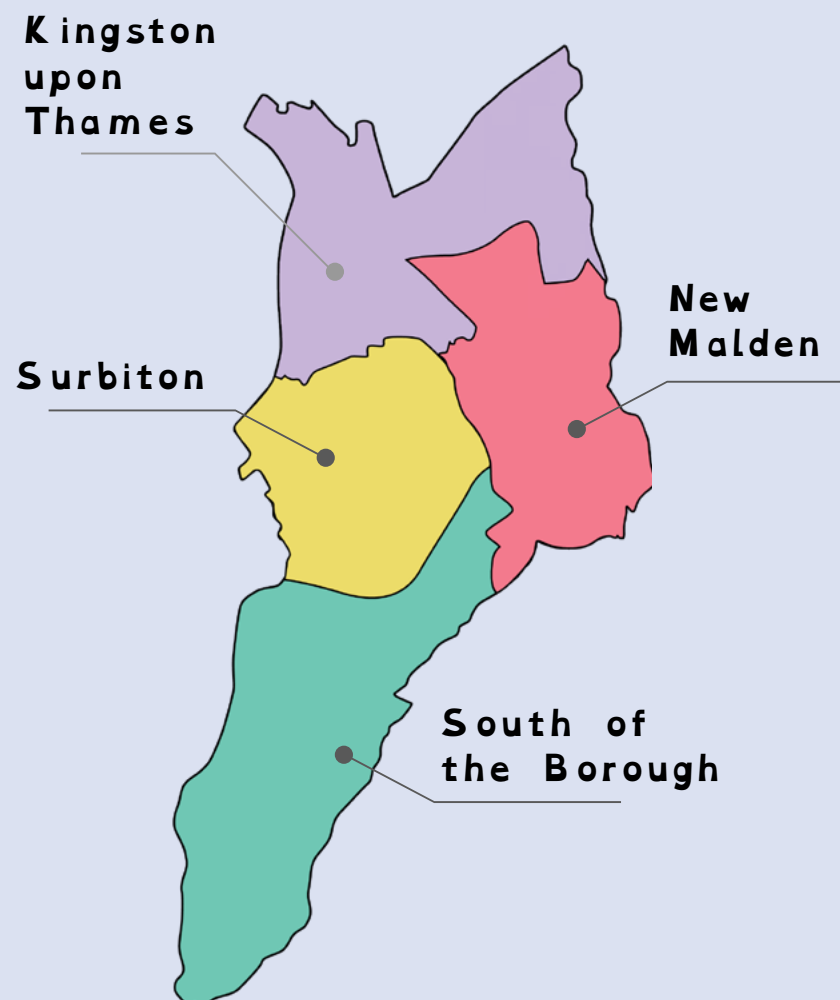


Local Picture

Although there is data available for autistic people in Kingston, there is little regular collection of data for people with ADHD. This has informed our action plan as an area that needs to improve.

Based on data from the South West London Integrated Care Board 2,200 people had a diagnosis of autism recorded by a Kingston GP (July 2024).

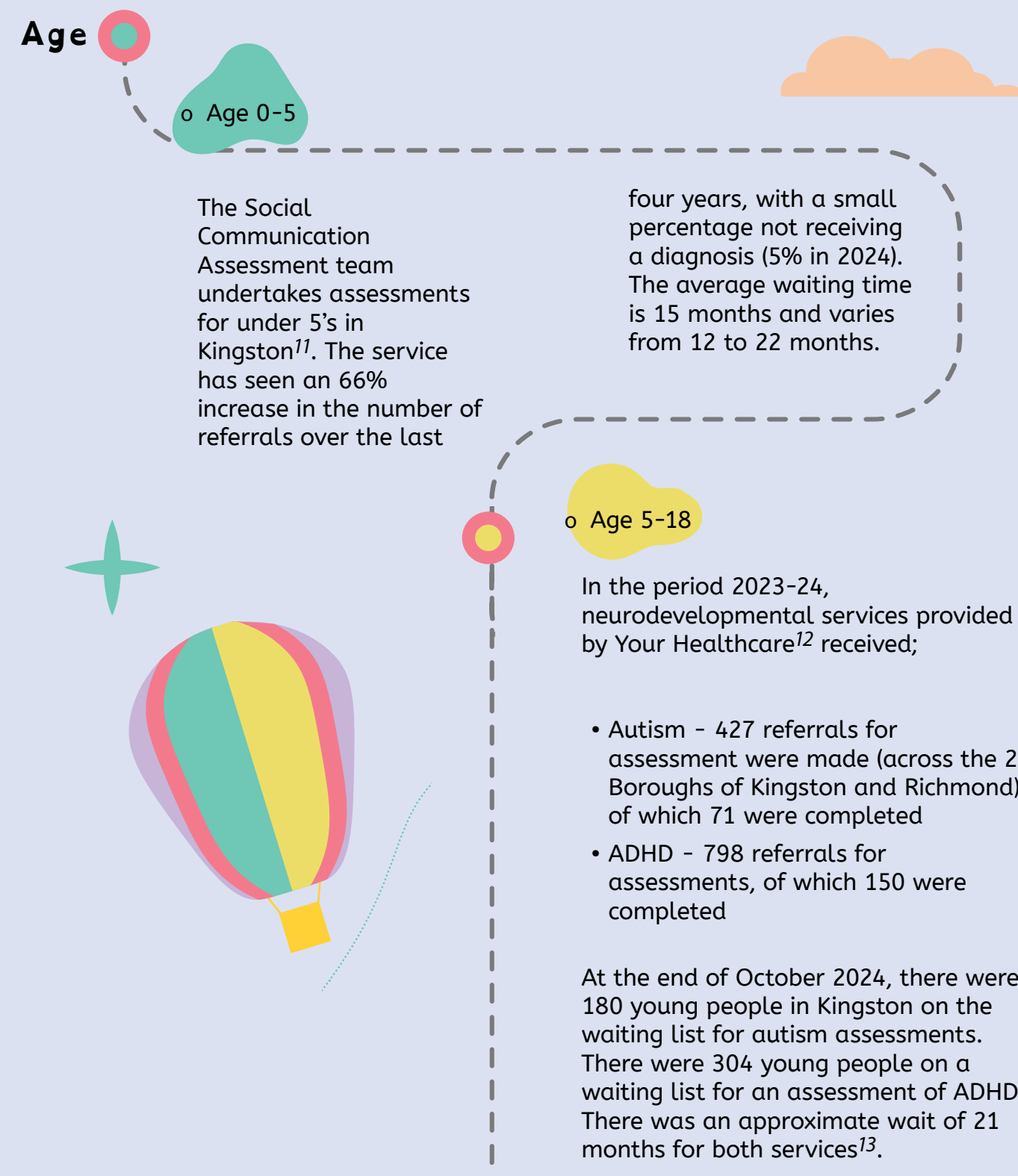
By applying what we know about the prevalence of ADHD, to the population of Kingston (170,000 people), there would be an estimated 8,500 people with a diagnosis of ADHD.



Research tells us that many adults who have ADHD do not know that they have it¹⁰ and that the real number of autistic people and people with ADHD in Kingston is likely to be higher. The research suggests that for every three children with a diagnosis of autism, there are another two children who have the condition but have not been given a formal diagnosis¹.

Assessment and support

There has been a year on year increase in the demand for autism and ADHD assessments across all ages with many people facing long waits for a diagnosis and medication. We have heard of the importance of being able to receive support whilst waiting for a diagnosis, and having clear information on what is available locally.

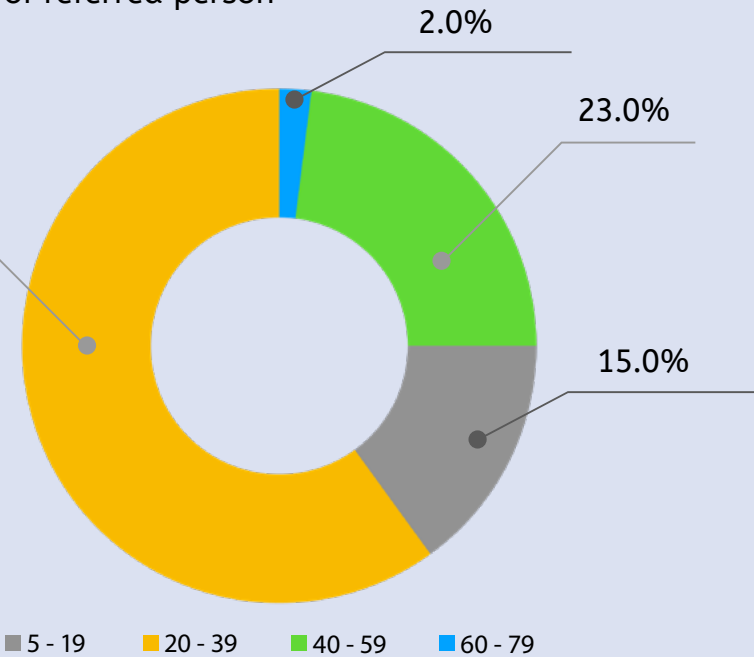


Assessment and support

o Age 18+

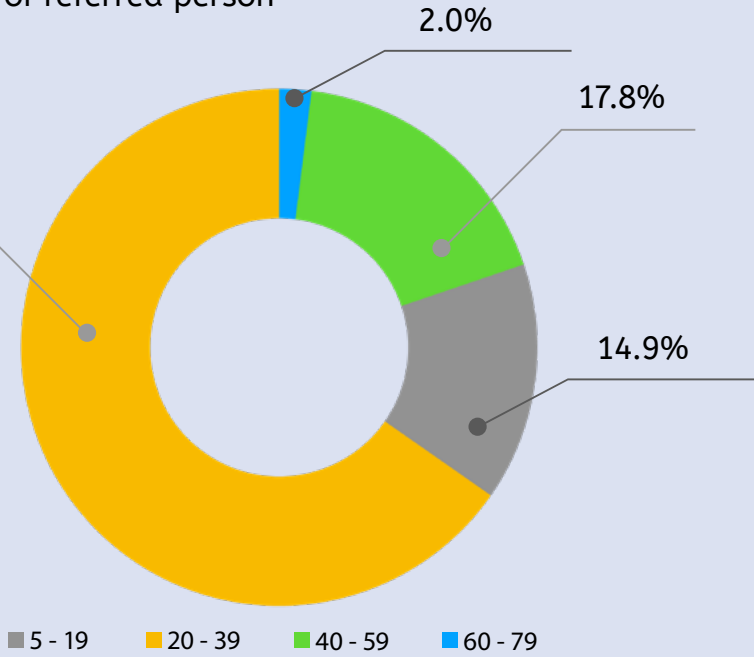
The largest number of referrals for an Autism assessment was for the 20-39 years age-range, the lowest number of referrals within age groups was the 60-79 range (2%)

Autism referrals by age of referred person



Referrals for ADHD were similar to those of the Autism referrals with the exception that 65% were for the age group 20-39 and 18% were for the age range 40-59.

ADHD referral by age of referred person



Education

All schools and educational settings should work to identify and respond to the neurodivergent needs of children and young people. In addition, the Equalities Act 2010 requires schools to make reasonable adjustments for pupils with additional needs so they are not at a substantial disadvantage.

Education, Health and Care Plans (EHC plan)

Some pupils, including autistic children and young people as well as those with ADHD may have needs which cannot be met within the normal provision. If this is the case, Schools and parents or young people can request an Education, Health and Care needs assessment which could then result in an Education, Health and Care Plan.

EHC plans, and the assessment process through which the plans are made were introduced as part of the Children and Families Act 2014¹⁵ which sets out what local authorities must do, including;

- Developing and updating EHC plans with children, young people and parents
- Supporting children, young people and parents to be included in the process
- Focusing on getting the best possible outcomes for the child or young person
- Involving other agencies, to enable make sure support is joined up



Special Educational Needs (SEN) support

If it is agreed that a child or young person has special educational needs then the school will work together with the family to try and support them to make better progress in, for example, learning academic skills, speech and language skills, social skills or emotional development. Parents or carers must be invited to plan and review with the setting at least three times each year.

Nationally, the most common type of primary need for those with an EHC plan is autism and for those with Special Educational Needs (SEN) support is speech, language and communication needs.

Ethnicity (SEN and EHCP)

The greatest difference when comparing ethnicity data to the 2021 Census is that whilst Black, Black British, Black Welsh, Caribbean or African young people and children made up 2.8% of the population of Kingston, they represented 11.7% of those who had an EHC plan or SEN support¹⁶.

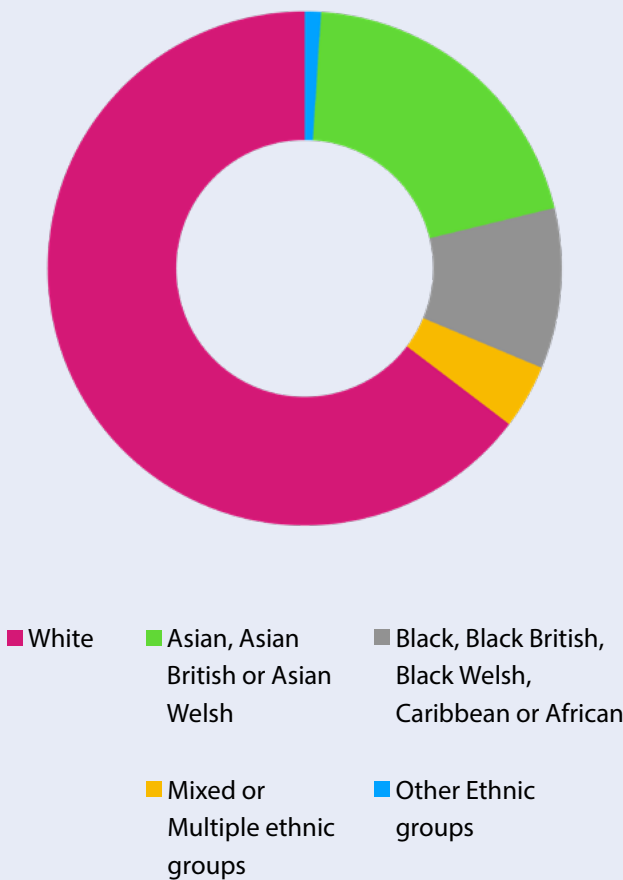
Gender

For both EHC plans and SEN support there are fewer females supported where the primary need was Autism. For EHC plans 2023/24, 71% were male and for SEN support 63% were male.

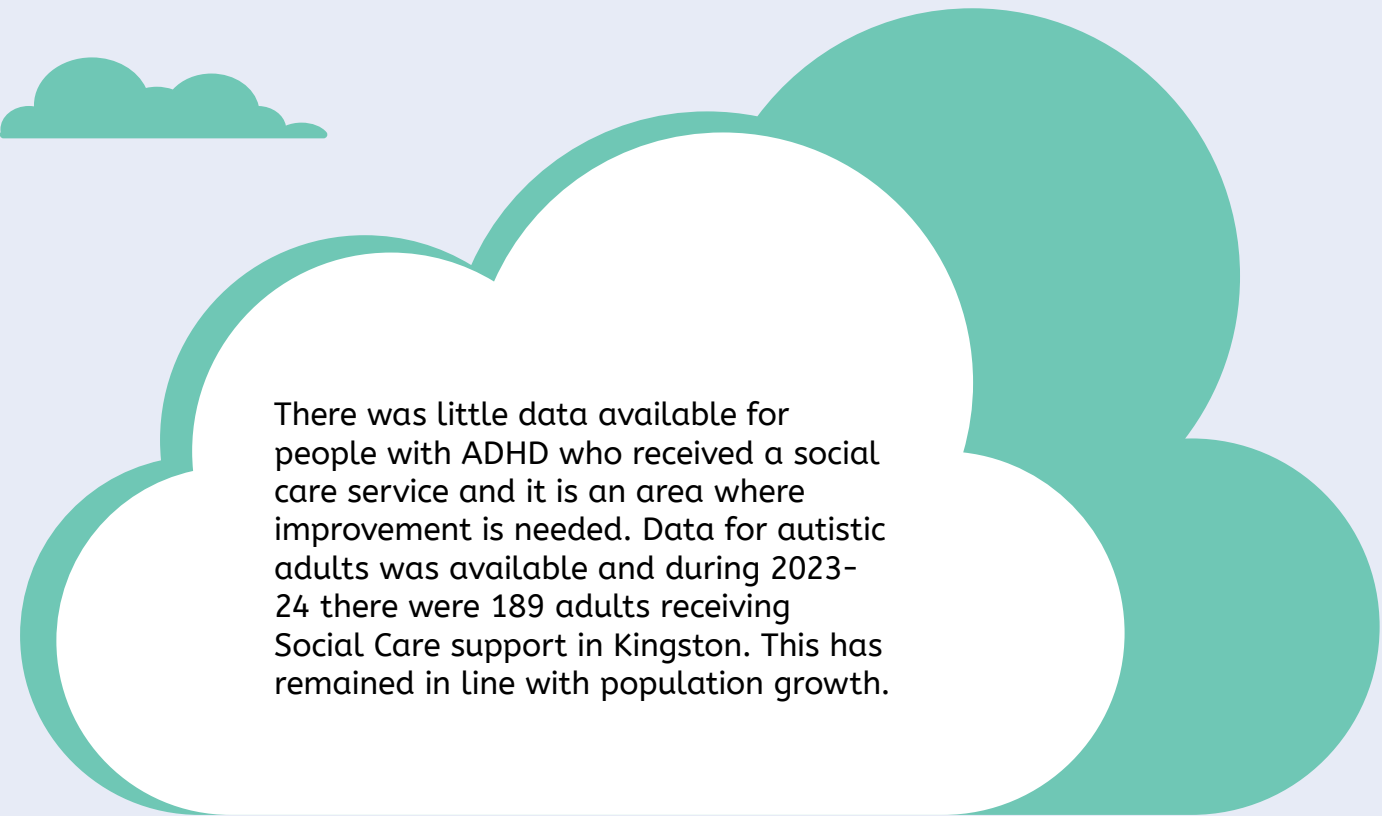
In Kingston there were;

- 1011 children with an EHC plan in the 2023 academic year who had a primary need of Autism¹⁶
- 834 autistic children and young people receiving Special Educational Needs (SEN) support
- The percentage of pupils receiving SEND support increased by 14% in 2023-24 compared to the previous academic year 2022-2023

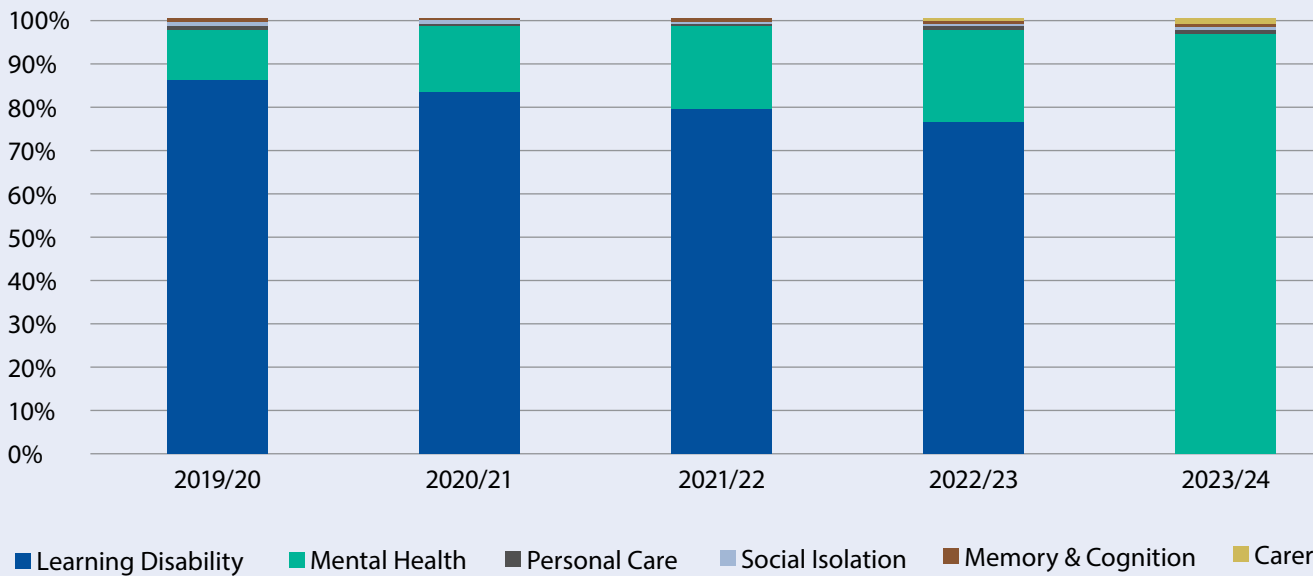
SEN and EHCP provision in schools by ethnicity 2023/24, primary need Autism



Social Care support



Number of autistic people receiving an Adult Social Care service by primary support reason, 2019-2024



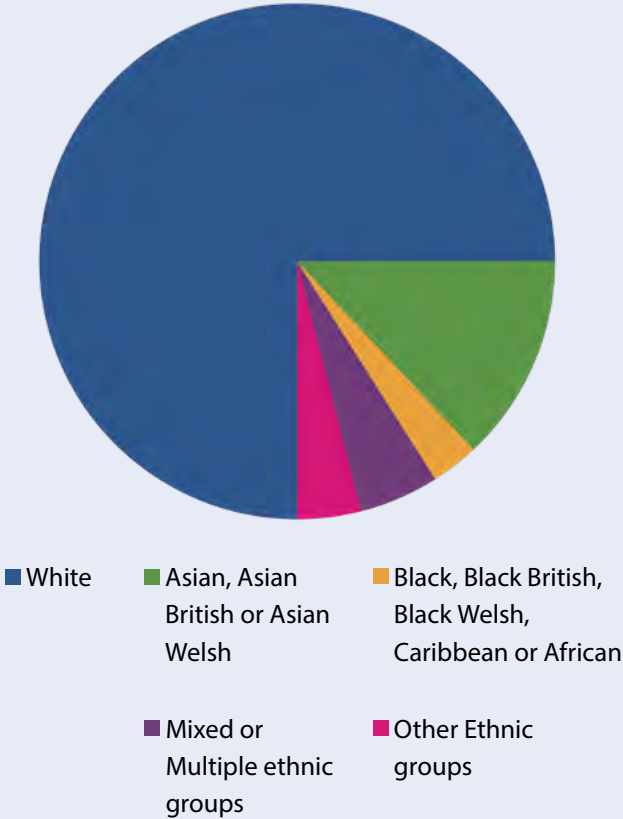
The number of people whose main support reason was ‘Learning Disability’ has decreased over the last five years, while the number of people with a main support reason for ‘Mental Health’ has been increasing¹⁷.

Some people have more than one service which means there were a total of 329 services in place. Most services were for support to live more independently (community supported living care packages), followed by day opportunities, direct payments and long-term residential care.

o Ethnicity

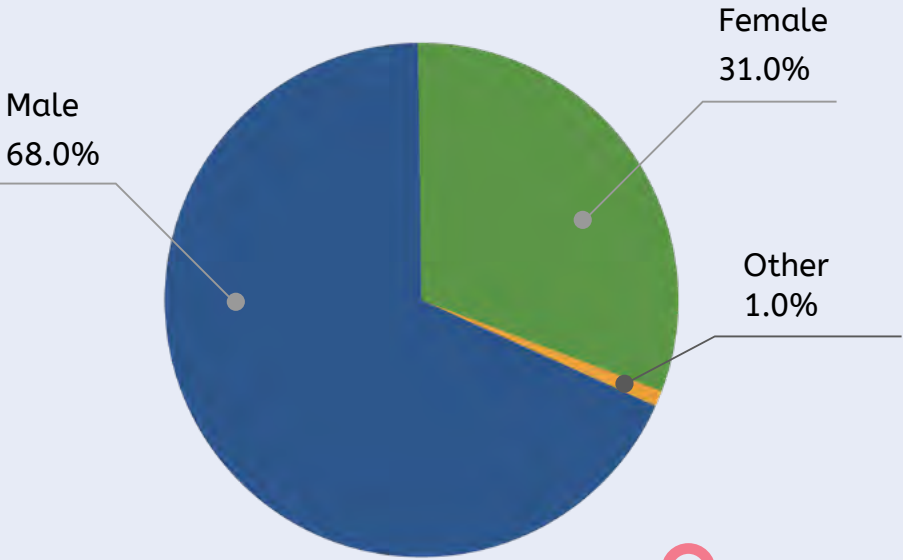
The number of autistic adults receiving a social care service is similar to the ethnic breakdown of Kingston.

The largest difference is that there were 13% people who identified as Asian or Asian British, whilst 17.8% of Kingston’s population were Asian or Asian British, according to the Census 2021.



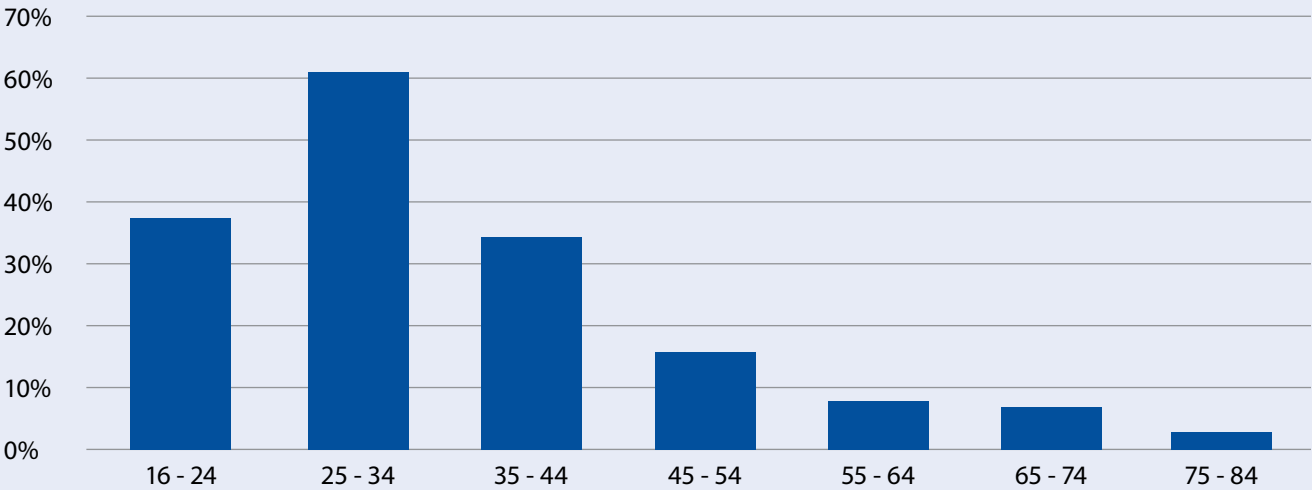
o Gender

The large majority of autistic adults accessing a social care service identified as male, with 1% recorded as gender diverse.



o Age

Most autistic people accessing adult social care services were aged 25-34 (37%) years old, followed by 16-24 (22%) and 35-44 (21%). Ten people (17%) were aged over 65.



Autistic people receiving an Adult Social Care service by age group August, 2024

National picture

Nationally, we know that there are gaps in funding for service provision, and integration of support across health, education.

However, there is a growing focus on neurodivergence, with strategies such as the Autism Strategy 2021-2026, and wider legislation aiming to improve outcomes for autistic people and people with ADHD. This work is not yet consistent, and there is a clear need to work together to find solutions and improve coordination between services.

Children and young people

Across England, autistic children and children with ADHD often experience delays in accessing diagnosis and support including EHC plans. Delays can impact on their education and well-being as well as on their parents and carers.

Schools can struggle to meet their needs, and as a result, children can face exclusion, bullying, or academic difficulties which can impact on their development and mental health. On the positive side, there is growing awareness about neurodiversity, and examples of good practice.



Adults

For adults, there is often a “diagnosis gap,” where many remain undiagnosed into adulthood due to limited resources or mis-diagnosis in childhood. Those who are diagnosed often face barriers in accessing appropriate services, including mental health support, employment support, and social care. Unemployment is particularly

high among autistic adults, who often encounter workplace discrimination or a lack of understanding about their needs.

However, advocacy efforts are growing, and some employers and community groups are increasing the awareness and understanding of neurodiversity.

Legislation

Several important pieces of legislation are in place to help drive change for autistic people and people with ADHD that all local services should be aware of.

Summary

The Autism Act 2009 placed a legal duty on the Government to have an autism strategy and provides guidance for local authorities and the NHS to improve services.

For children’s social care, the Children Act 1989 and Children and Families Act 2014 require local authorities to promote children’s welfare and ensure that children and young people with special educational needs (SEN), receive support from birth to 25.

In adults’ social care, the Care Act 2014 emphasises person-centered care to support the independence and well-being of adults with autism and ADHD. It says councils must provide information relating to care and support for adults, and support for carers.

For education, The SEND Code of Practice (2015) outlines the support that schools must provide to children with SEN, and the Children and Families Act 2014 requires that education, health, and social care work together to meet students’ needs.

The Equality Act 2010 protects people from discrimination and says all services and employers need to consider and provide reasonable adjustments to ensure people have the same opportunities. This includes education

settings which may include providing additional support, modifying teaching methods or environments, reviewing attendance and behaviour policies and other adjustments.

It says that employers must make reasonable adjustments for employees with autism or ADHD to help them perform their jobs effectively. This might include changes to the work environment, job responsibilities, or communication methods.

Our Engagement Work (talking to people)

In order to learn what changes were needed in Kingston we spoke to residents, autistic people and people with ADHD (experts by their experience), community organisations and other experts in Education, Health and Social Care. The groups included Fastminds Adult ADHD Support Group, Healthwatch, Achieving for Children, Your Healthcare, Kingston Council's Staff, Disability and Wellbeing Network (DAWN), RISE cafe and other partners.

People were asked to share their thoughts on 'what is working well' in Kingston (so we can do more of it), and 'what could be improved' to ensure Kingston is a place where autistic people and people with ADHD can live healthy and fulfilling lives.

We also looked at national policy¹⁸⁻²⁰, previous work with the Autism and ADHD board, the 2022 Pulse Check report by HealthWatch²¹ and the work of other boroughs.

Engagement Part 1- Priorities and Life in Kingston

In spring 2024, we spoke to people about what their priorities are and how they would shape the strategy. We also asked what worked well and where improvements were needed.

- o 140 people gave their feedback, 80% who were Experts by Experience.
- o 59% of the organisations worked with adults and 41% worked with children and young people.
- o Over half of the people responding to the resident/ Expert by Experience survey were between the ages of 35-54.
- o We heard less feedback from people who chose Asian or Asian British as their ethnicity (5.9%), in comparison with 17.8% in the 2021 Census for Kingston and this is one of the areas we need to improve on, and is part of our action plan.

Priorities - What people told us

- o 'Give us the right support, at the right time (including diagnosis)'
This was selected by autistic people, people with ADHD and organisations as the most important priority. That it was taking too long to get an assessment and support needed to be provided earlier.
- o 'Increase the awareness of Autism and ADHD'
This was especially important for young people and young adults, and a request that education, social care and healthcare professionals had specific training to enable them to give the best support. There was an ask for a greater level of recognition of LGBTQ+ neurodivergent people.
- o 'Support people into employment'
This was also heard through wider feedback as important, including young adults. People also said that once in a job, there needed to be on going support and a better understanding of reasonable adjustments.

Finding out what local people thought about living in Kingston

What's working well in Kingston?

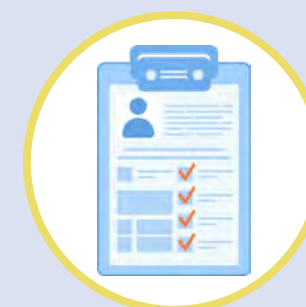
We heard people's experiences of some great work taking place in Kingston. These are some of the quotes from focus groups and surveys;

- o 'Great Kingston GP made our referral quickly and efficiently'
- o 'The Kingston adult autism and ADHD team are great (Your Healthcare), engaging and really positive'
- o 'Local colleges seem to be well informed about the needs of autistic people and seem willing to engage actively to make accommodations'
- o 'I feel as though the services do make a good effort to include people with disabilities and (I) have felt included and heard'
- o 'The borough is one of the safest areas in London.... My daughter has a travel card that allows her to use public transport without paying and the public transport system in Kingston is good. Bus drivers recognise the Sunflower lanyard which can be useful'



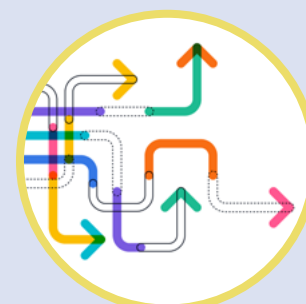
What's not working well?

'Accessing healthcare is a nightmare for me - I find it hugely stressful (e.g. the online triage process to access a GP) and there is no real understanding of why I struggle to engage with health professionals'



'It's a strange and intimidating world, lots of rules which are hard to follow with autism' - feedback from a young person in relation to needing support around employment.

'I have been on an ADHD assessment waiting list for over 3 years. I just received an ADHD diagnosis, and I am now told that I will need to wait at least another 9 months' to start any kind of medication'



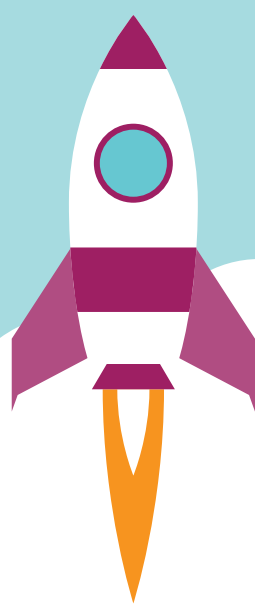
'Reasonable adjustments to meet people's complex needs vary widely across organisations working with/supporting/employing people with hidden difficulties'

'There is very little housing for young adults with autism/ADHD who want to develop their independence, particularly if they are still living with their parents'



What can we do about it?

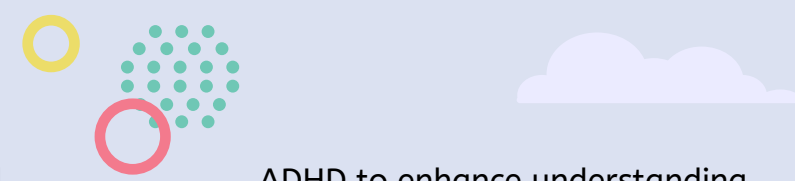
We heard from people about practical ways to make things easier, and in many cases these were about working differently.

- 
01. 'Offer telephone requests for a GP appointment. Online forms are okay, just don't make it the only way of doing this'
 02. 'Early assessments to identify potential indicators (of Autism and ADHD). School teachers need to be well trained in spotting possibly signs and especially in how to support'
 03. 'Have regular user groups set up with residents who can provide timely and practical feedback on processes, procedures, forms'
 04. 'More leaflets and pamphlets in coffee shops and local papers. Not everyone has a computer or can use one. Also, bear in mind that people with neurodiversity may prefer more group face-to-face activities than being on their own and reading information.'
 05. 'Quieter spaces, such as libraries and parks, are a haven to people with sensory sensitivity. These should be preserved not just for their cultural importance to RBK but also because of their medical/well being importance'
 06. 'More parent groups for ideas and information sharing, coffee mornings, WhatsApp groups, as often parents don't know what is available'

Engagement Part 2 - Getting feedback on the draft strategy

In autumn 2024, we shared a draft strategy and asked whether the strategy said what was important, in the right way. Over 100 people participated and we learned more about what was important to autistic people and people with ADHD.

This included:

- 
- o The importance of practical support for people to live independently and gain employment, along with increased social events for autistic people
 - o The isolation faced by some parents and carers including the challenges when young people move into adult services.
 - o Schools should consider reasonable adjustments, especially regarding absence and late policies for anxious students.
 - o There is a need for comprehensive training for health, social care, and educational professionals on neurodiversity, with a focus on increasing awareness of Autism and ADHD (particularly in females)
 - o The need for better local data on autistic people and people with
 - o ADHD to enhance understanding and help plan future support initiatives
 - o The need to strengthen principles of advocacy in the strategy (including reference to statutory advocacy) and practical support, such as help with filling in forms
 - o The need for bereavement support, to take into account the loss of adult carers
 - o Issues where a diagnosis had been used in custody court hearings as a way to diminish that person's perceived ability to parent well
 - o That there should be a review of council processes to ensure it not only sets good standards for accessibility and communication across all areas of the council but also champions these standards

Principles

At the heart of our work there will be the voice and involvement of Experts by Experience.

We developed a set of principles that apply to all areas of the action plan by looking at the feedback we received, to find common areas of challenges that we call 'themes'.

We will work with Experts by Experience to develop a Neurodiversity Charter. We will then invite organisations to sign up to a set of standards that help ensure neurodivergent people have more consistent access to high-quality, accessible services.

A slogan and a core principle of the disability rights movement

'Nothing about us, without us!'



Advocacy and Awareness

- o Kingston Council will provide clear information on the advocacy services available in Kingston including Independent Care Act Advocacy; all partners will consider how to use peer advocacy and support in order that people know their rights and can communicate their wishes.
- o All partners will take steps to increase awareness of neurodivergent conditions within their organisation.
- o The Council and partners will use their position to promote and lobby for the priorities of Kingston's Autism and ADHD communities and organisations, locally and nationally.
- o Organisations will provide specific training for roles (including health, social care and educators) on how best to support neurodivergent people.

Accessibility and Service Coordination

- o Information on autism and ADHD activities and services will be easy to find
- o Services will provide reasonable adjustments for neurodivergent people who access services and organisationally for their own staff (including recruitment)
- o Pathways through services will be made clear, with a focus on transitions from children's to adult social care services
- o All providers that deliver services to autistic people and people with ADHD will ensure Information meets Accessible Information Standards²³
- o The council should review its own processes to ensure it not only sets good standards for accessibility and communication across all areas of the council but also champions these standards

Community (feeling safe) and transport

- o Affordable and accessible transport will be promoted and considered where people need to travel to services, for example, the blue-badge scheme. Example: Event planning should include assessments that consider the needs of neurodivergent people and urban planning to consider neurodiversity, and protect quiet spaces like parks and libraries in Kingston
- o When housing considerations are being made, services will recognise the importance of transport links, feeling safe and being close to GP and support networks

Digital and Data

- o All partners will develop consistent, high quality data collection for Autism and ADHD
- o All partners will show how they have used data to inform how their service develops



Action Planning

Kingston Council and partners will be working across four main areas that have been formed from listening to what is important to autistic people and people with ADHD.

These are;

1. Diagnosis and Support
2. Healthcare and Well-being
3. Education and Training
4. Adult support and Employment

Our Action Plan sets out these goals and ambitions. Over the next five years Kingston Council will be working with Health, Education, Social Care, Voluntary Community Sector Enterprises (VCSE) and other organisations.

Each area of the Action plan will have assigned leads and will develop time frames for achieving these goals: short-term (less than 6 months), medium-term (up to two years) and long-term (up to five years).

Diagnosis and Support

We know that nationally the number of people waiting for an Autism and/or an ADHD assessment is growing and we need to target our resources in order to;

- o Reduce waiting times for therapy and diagnostic assessments to prevent worsening symptoms and increased distress.
- o Create accessible referral pathways, and the development of clear service directories so people can receive support whilst waiting for a diagnosis.
- o Ensure Kingston Council has the right preventative services in place, to meet the needs of our local population²⁴ including the need for practical support to help people live independently and support;
 - to find and navigate information, fill in forms, attend appointments
 - for people to speak up and be heard (advocacy)
- o Consider the need for bereavement support needed when adults lose their parent carers, including providing practical support for their adult children
- o Consider the needs of parents and carers including advocacy, support and risk of isolation.



Healthcare and Wellbeing

- o Improve mental health services in schools and communities including specialist counseling and therapy, and personalised physical therapy services.
- o Create more accessible GP appointment options.
- o Holistic and trauma-informed care for neurodivergent patients, improved access to ADHD medication, and increased training for medical staff to enable them to support neurodivergent people well.
- o Ensure environments are well designed, considering sensory needs.
- o Create peer support groups that support social and emotional wellbeing.
- o Provide support with bereavement

Education and Training

- o Early identification and support for children to prevent long-term mental health issues.
- o Increase involvement of parents, create and share resources with parents.
- o Create neurodivergent-friendly activities and events.
- o Early intervention courses in school, pro-active support in schools for children with ADHD
- and autism, and increased training in alternative therapies.
- o Educators have the right knowledge of neurodivergent conditions to support students with Special Educational Needs and Disabilities (SEND) and adults.
- o Focus on the transition between key life stages including primary to secondary and critical periods such as GCSE's and children's services to adults services

Adult Support and Employment

- o Promote neurodivergent-friendly employment practices.
- o Make reasonable adjustments consistently to support people in to work.
- o Practical support to get a job, and to stay in work
- o Colleges and schools increase the number of work opportunities and internships for neurodivergent people.
- o Improve service coordination and accessibility, including integrated needs assessments, a greater focus on inclusive practices, and improved communication



How will we know if it is working?



It is important to be able to measure our progress by understanding what is happening now, and if we have made a difference by implementing the strategy.

The delivery of the Action Plan will be overseen by the Autism and ADHD Partnership Board to provide a regular checking of progress.

Some of the measures we will use are;



- 01.** Annual quality of life surveys for people with neurodivergent conditions to establish a baseline and improvement in key areas of the action plan



- 02.** Annual reporting back against the key themes, for example: waiting times and the number of people accessing specialist services



- 03.** Tracking employment rates and job retention for autistic people and people with ADHD



- 04.** Developing a Neurodiversity Charter and track the number of people signing up

How will we know if it is working?



05. Establishing a community of practice to share best practice across social care, education, health and community-led services



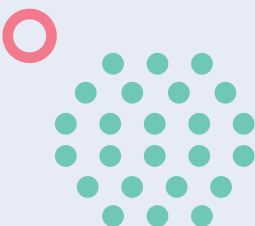
06. Developing better local data gathering on the number of children, young people and adults with a diagnosis of autism and/or ADHD in Kingston



07. Providing regular updates on the work of the Autism and ADHD Partnership Board, including sharing developments from action plans on Kingston Council's website



08. Working with other experts to consider other ways of measuring the progress we make against our goals for the strategy



References and Further information

National Policy and Guidance

National strategy for autistic children, young people and adults 2021 to 2026¹⁹

A National Strategy replaces the previous 'Think Autism' strategy for Adults. The strategy links to the key priorities set out in this Strategy and focuses on the following aims:

- improving understanding and acceptance of autism within society
- improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- supporting more autistic people into employment
- tackling health and care inequalities for autistic people
- building the right support in the community and supporting people in inpatient care
- improving support within the criminal and youth justice systems

It is important to note that the strategy recognises that many autistic people also have ADHD. It emphasises the importance of integrated and individualized support for people with multiple neurodevelopmental conditions.

National Institute for Health and Care Excellence (NICE) guidance 2018²⁵

The National Institute for Health and Care Excellence (NICE) guidelines provide recommendations and highlight the importance of diagnosis and management, including specialist assessments, and to consider other conditions that people may have such as anxiety/mood disorder and depression

Making it real

The statements in the table below were developed by listening to feedback shared with us, and have been adapted from Think Local Act Personal ‘Making It Real’ statements²⁶. They are a set of co-produced statements that describe what good care and support looks like. They are aligned to the Care Act 2014, and built into the CQC Single Assessment Framework

I statements	We statements
‘I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process’	‘We work together with other services to provide joined-up support and to give people useful information, at the right time’
‘I want to have the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible’	‘We work in a person-led way, which considers people’s strengths and talk to them about how they want to be supported’
‘I want services and commissioners to understand how my autism and/or ADHD affects me differently throughout my life. I want to be supported through big life changes such as the transition from school, getting older or when a person close to me dies.’	‘We involve people with lived experience of services before we make changes to those services. We will regularly ask for feedback to see what we are doing well and what could be different to support people to live their lives well’

I statements	We statements
‘I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism and ADHD’	‘We make sure that there is a good awareness of autism and ADHD in the services that we manage and that people have the right training’
‘I want to know that my family can get help and support when they need it’	‘We make sure that people know how to find their local health, social care and housing services’
‘I want to be supported through big life changes such as the transition from school, getting older or when a person close to me dies’	‘We support young people and their families as they move into adulthood by talking to them about changes and providing information, advice and support’

³ <https://makingitreal.org.uk>

Bibliography

1. What is autism? National Autistic Society <https://www.autism.org.uk/advice-and-guidance/what-is-autism>.
2. What is ADHD - About ADHD. ADHD UK <https://adhduk.co.uk/about-adhd/>.
3. ADHD and autism. Autistica <https://www.autistica.org.uk/what-is-autism/adhd-and-autism> (2024).
4. Adverse Childhood Experiences International Questionnaire (ACE-IQ). [https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-\(ace-iq\)](https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-(ace-iq)).
5. McDonald, R. G., Cargill, M. I., Khawar, S. & Kang, E. Emotion dysregulation in autism: A meta-analysis. *Autism* 28, 2986–3001 (2024).
6. Csecs, J. L. L. et al. Joint Hypermobility Links Neurodivergence to Dysautonomia and Pain. *Frontiers in Psychiatry* 12, (2022).
7. Margari, L. et al. A review of executive function deficits in autism spectrum disorder and attention-deficit/hyperactivity disorder. *Neuropsychiatric Disease and Treatment* 1191 (2016) doi:10.2147/ndt.s104620.
8. Harper, G. et al. Action Briefing: Adult Mental Health. Autistica. <https://www.autistica.org.uk/downloads/files/Autistica-Action-Briefing-Adult-Mental-Health.pdf> (2019).
9. Dalsgaard, S., Østergaard, S. D., Leckman, J. F., Mortensen, P. B. & Pedersen, M. G. Mortality in children, adolescents, and adults with attention deficit hyperactivity disorder: a nationwide cohort study. *The Lancet* 385, 2190–2196 (2015).
10. Adler, L. A. & Chua, H. C. Management of ADHD in adults. *The Journal of clinical psychiatry* 63, 29–35 (2002).
11. Social Communication Assessment (SCA) Team. Achieving for Children <https://kr.afcinfo.org.uk/pages/local-offer/information-and-advice/health-services/health-services-kingston/social-communication-assessment-team-scat><https://kr.afcinfo.org.uk/pages/local-offer/information-and-advice/health-services/health-services-kingston/social-communication-assessment-team-scat> (2024).
12. Your Healthcare CIC, formerly part of NHS Kingston, is a not for profit social enterprise. <https://yourhealthcare.org/> (2024).
13. Waiting times for CAMHS neurodevelopmental assessments (autism and ADHD). Achieving for Children <https://kr.afcinfo.org.uk/pages/local-offer/information-and-advice/health-services/neurodevelopmental-assessments-adhd-and-asd-autism/waiting-times-for-camhs-neurodevelopmental-assessments-adhd-and-autism> (2024).
14. The Special Educational Needs and Disability Regulations 2014.
15. Children and Families Act 2014.
16. Department of Education. Secondary need, by type of SEN provision and type of need - 2016 to 2024. Special educational needs in England (2024).
17. Kingston Social Care Database (2024).
18. Department of Health and Social Care. Adult Autism Strategy: Supporting Its Use. (2015).
19. Department of Health and Social Care. National Strategy for Autistic Children, Young People and Adults: 2021 to 2026. (2021).
20. Department of Health and Social Care. Think Autism Strategy: Governance Refresh 2018. (2018).
21. Healthwatch Kingston Pulse Check report: Neurodiversity and health and care services report. Healthwatch Kingston <https://www.healthwatchkingston.org.uk/report/2022-03-24/healthwatch-kingston-pulse-check-report-neurodiversity-and-health-and-care> (2022).
22. Disabled Facilities Grants. <https://www.gov.uk/disabled-facilities-grants> (2011).
23. CQC. Meeting the Accessible Information Standard. (2024).
24. Care Act 2014.
25. NICE. Attention Deficit Hyperactivity Disorder: Diagnosis and Management. (2018).
26. Think Local Act Personal. Making It Real <https://makingitreal.org.uk/> (2024).

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Kingston All Age Autism and ADHD
Strategy 2025-2030

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