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Enfield Autism Strategy

2023-2026



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In partnership with

North Central London
Integrated Care System 

ENFIELD
Council 

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Foreword

We are committed to improve the lives of autistic people and their families and carers in Enfield.

Autistic people have neurological differences which affect how they perceive, communicate and interact with the world around them. These differences are life-long and bring about unique strengths as well as needs. Autism is not an illness or disease to be cured and whilst autistic people may share key characteristics, the autistic community is diverse, and every person is an individual with their own differing set of needs and strengths. Autistic people are valued members of our communities, and this strategy prioritises raising awareness and an understanding of autism so we can be more supportive and accepting of differences, protective of vulnerable members of our community and together, make Enfield an autism friendly borough for over 3,000 autistic residents.

Autism is referred to as a spectrum and we need to adapt our services to support a range of needs. Some autistic people need little or no additional support whilst others need more support with a small percentage requiring 24-hour care at home or in a residential setting. The type and intensity of support may also change as individuals go through their lives and face differing challenges increasing the chances of loneliness, social isolation, and anxiety. Although autism is not a learning difficulty/disability, around 4 in 10 autistic people also have a learning difficulty or disability¹ and might have additional medical and/or mental health needs which may require a lot of additional support in their day to day lives.

Autism can come with challenges, as processing information differently can make understanding situations expectations difficult. However, some autistic people find there are many positive things about the way they think which enables: attention to detail, methodological approach, ability to absorb and retain facts, determination, creativity, novel approaches, and integrity. It is important we listen to and learn from those with lived experiences and make sure we identify and remove any barriers preventing access to education, employment, health and social services and making contributions to our society.

This draft all age strategy sets out how we will work, as a partnership, to help make this become a reality, and improve the lives of autistic people and their families and carers in Enfield. We welcome your thoughts during this consultation period.



Cllr Abdul Abdullahi
Cabinet Member for Children's Services



Cllr Alev Cazimoglu
Cabinet Member for Health and Social Care

¹ <https://www.autistica.org.uk/what-is-autism/signs-and-symptoms/learning-disability-and-autism>

Introduction

Autistic people have a different neurological way of experiencing the world. We recognise this as a type of neurodiversity and that this difference is not a disease or due to brain damage.

This difference means that there are 3 main areas that may differ:

- communication and social interaction
- flexibility, information processing and understanding
- sensory processing and integration².

Autistic people can learn new skills, make progress and thrive if we take time to understand, take their differences into account and support them in their strengths and interests. Many autistic people try to fit in by masking their differences to try and reduce the risk of bullying and stigmatisation. Masking can be an exhausting activity and have a long-term impact on their mental health. Others express their challenges and distress through behaviours which may be harmful, dangerous or make them vulnerable to exploitation and/or become involved in criminal activities.

We all contribute to others experiences of the world whether it be as professionals, residents, peers, friends, family members or influencers. We hope by raising awareness and understanding of individual strengths as well as challenges and using kindness, patience, and sensitivity we can make it easier for autistic people to be included in our communities, schools, workplaces and lives.

This all age strategy sets out an overarching vision and priorities to improve the lives of autistic people and their families and carers in Enfield. The strategy will be delivered through collaborative working with our partners in education, health, social care and the voluntary sector.

This draft strategy has been informed through discussion at our multi-agency working (Autism Partnership Group), SEND Partnership group, Joint Health and Social Care Board (JHSCB), colleagues and the Council staff Disability Working Group. It has also benefited from working with the staff and members of the Enfield One to One and Enfield National Autistic Society.

Over the next 4 weeks we will be talking to our residents, families, educational settings, partners and stakeholders to hear their views and ideas on the draft strategy; and understand how we can continue to work together to deliver the final priorities.



² <https://www.autismeducationtrust.org.uk/about/what-is-autism>

Language

There have been many terms used in conjunction with autism. Throughout this strategy we use 'autistic person/people/child/learner' due to the growing preference for identity-first language, but it's important that individual autistic people are asked about their preferences and use the language that feels most comfortable to them. We also use the terms autism and neurodiversity in recognition this it is not a disease or illness. It cannot be caught; it is not progressive, and it does not need 'fixing'.

The term 'Autism Spectrum' is often used to express the range of traits experienced by autistic people. It has been used with the terms high or low functioning, having Asperger's Syndrome or Level 1, 2 or 3 to explain the impact on the individual and their behaviour. However, this linear approach can be misleading as autism is more complex than placing the person somewhere on a sliding scale to demonstrate if they are more or less autistic. It does not consider the environmental, health, experience, and emotional impact of differing situations, the ability to develop or how well individuals mask/hide their traits. For this reason, many autistic people prefer using a [spectrum/autism](#) wheel or [pie chart](#) model which helps us see areas of strength and where extra support is need. This individualised approach focuses on the whole person and enables others to take time to get to know them rather than making assumptions or setting limiting expectations.

Regulatory context

The Autism Act 2009 is currently only one of two condition-specific pieces of legislation in England. The other is the Down Syndrome Act 2022. The Autism Act places a duty on the Secretary of State for Health and Social Care to publish a strategy (and associated statutory guidance) for meeting the needs of autistic adults in England. Since the act was passed, the government has published one guidance document and three autism strategies. The latest strategy, [National Strategy for Autistic Children, Young People and Adults 2021-2026](#), has extended the age remit to include autistic people of all ages. Funding to deliver the strategy is included in the NHS Long Term Plan (2019) and the strategy is also supported by the National Disability Strategy (2021), Health and Care Act 2022. [People at the Heart of Care: adult social](#)

[care reform white paper](#), [Transforming Support: The Health and Disability White Paper](#), [Building the Right Support Action Plan](#) and the [SEND and alternative provision improvement plan: right support, right place, right time](#). This strategy details how we must work with our health and voluntary sector partners to realise and deliver the national strategy in Enfield.

At the time of writing this strategy, there are a number of reforms and work programmes underway that will positively influence autistic people and their families in the future. They include: Mental Health Act White Paper and Building the Right Support. These will further support the national vision to improve the lives of autistic people and their families and carers in England and be considered as part of our regular strategy reviews and annual action planning.

The local picture

It is currently estimated that approximately 1% of the total population are diagnosed autistic and it is thought there are roughly 700,000 autistic people in the UK (more than 1 in 100). Providing statistics on autism is not a straightforward process. Our colleagues in the NHS provide diagnosis numbers but these figures are subject to diagnosis waiting times. For example, in March 2022, there were 114,253 people with an open "suspected autism" referral³. We must also remember that not everyone wants or will receive a diagnosis and there is disparity across regions and what populations are measured (numbers for England and the UK). For this reason, we use these indications in conjunction with local data such as Educational Health Care Plans (EHCPs), service usage and partnership insight to help us plan and/or commission services. At present we are aware of over 1,625 autistic residents accessing our council services. This does not include residents receiving support elsewhere or living independently.

³ <https://digital.nhs.uk/data-and-information/publications/statistical/autism-statistics/july-2021-to-june-2022>

Children and Young People

As of July 2022, we currently have 4,041 Education and Health Care Plan's (EHCPs) in Enfield. Following an assessment, these are given to children/young people with special educational needs whose needs are not being met through SEN support. Autism is listed as the primary category of need in 24.8% of EHCPs. This is below the national figure of 31.3%.⁴



Of this total, the highest proportion of children are age 5 (12.4%) and age 6 (13.5%). In Enfield, 22.8% of autistic children supported from the early years compared with 14.8% of autistic children in London.



After the age of 6, the proportion of autistic children and young people as their EHCP primary category of need is lower for each age group up until the age of 17 than the London averages.



Over 64% of autistic people also have Speech, Language and Communication Needs.

National figures (published June 2022⁵) collect data from the school census (state-funded schools), school level annual school census (independent schools) and general hospital school census on special educational needs (SEN). They tell us:



1.8% of all pupils in England now have an autism diagnosis. This suggests the current estimation of 1% of the population is too low.



One in three EHCPs Plans list autism as the primary need.



The most common type of need identified in national SEND appeals is autism, accounting for 47% of all SEND appeals.

Adults

In 2023, it is estimated that there are 2,840 autistic adults (aged 18+) in Enfield (PANSI⁶, POPPI⁷ data). Of those, 1,870 are men and 1,940 women. Not all autistic adults will need additional support to live independent lives. However, for those who do:



As at the end of March 2023 the Council is in contact with 659 autistic adults, of which 574 are in receipt of services.⁸



Of this total, 90% of adults in receipt of services were aged 64 or below. The age category with the highest demand was 25-34 year olds (26%).



67 autistic adults are members of Enfield One-to-One (this is commissioned by Adult Social Care, Enfield Council).

⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1082518/Special_educational_needs_publication_June_2022.pdf

⁵ <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england/2021-22>

⁶ <https://www.pansi.org.uk/>

⁷ <https://www.poppi.org.uk/>

⁸ The types of services accessed include, but are not limited to; Direct payments, supported tenancies, day-care, residential support, homecare, transport, and equipment.

Our vision, principles and priorities

Our vision is to improve the lives of autistic people and their families and carers in Enfield.

Our principles

In all our work with autistic people in the borough, we will apply the following five principles:

- Ensure children, young people, adults, and families are valued and respected and are involved in decision making about themselves, their future and their borough

- Empower and enable all children, young people, adults, and families to be as independent as they can be.

- Deliver accessible joined up services and share good practice to increase the quality of provision.

- Make sure that Enfield is a positive place for autistic people to learn and thrive through making reasonable adjustments to the environment across our settings, services and programmes.

- Identify needs early and provide the right support, in the right place, at the right time to avoid future crises.

Our priorities

We will achieve our vision by delivering on the following priorities:

- Celebrate and value the positive aspects of autism and the achievements of autistic people

- Provide needs-based support

- Enable fair access to education

- Support more autistic people into employment

- Recognise and combat isolation and loneliness

- Provide inclusive mental health and wellbeing support

- Improve support within the criminal and youth justice system

What have our residents told us

"My goals for the future are raising awareness for autism. To achieve this we need to help people to learn about [autism]. I would also like to become an actress."

George Spicer Primary School,
Empowering Young Enfield 2021

"As parents, we know our children's needs. We need to be listened to and to be able to access help early on."

Our Voice Meet the SEND Heads Parents Conference, March 2022

"I want options in my life, I might need some help to use them, but I want choices."

Enfield NAS, engagement with adult members, 2021

"I want to be part of the conversation, not the reason for the conversation."

One to One Enfield, Spectrum of Experiences conference, June 2022

Young person's conversation with a Speech and Language Therapist

So, you see autism as a good thing?

"The key-est key points are that it's not a negative, everyone with autism is different and you shouldn't mask cos it's not healthy."

What would you like to teach people about autism?

"Please stop talking about autism like you would an illness, we don't need a cure, we need societal change."

"Loud noises feel like fireworks pinging off her eardrum – sensory pain is the same as actual pain. It is the same for clothes that are too tight or do not feel right."

On behalf of Lola aged 6

Priority 1

Celebrate and value the positive aspects of autism and the achievements of autistic people

We want everyone to understand the breadth of autism and the value neurodiversity brings to us all.

Autistic people bring a different perspective and offer unique ideas that can help re-evaluate how we respond to the world around us, identify new developments and result in innovative approaches. One third of the autistic community have exceptional skills/talents in areas such as mathematics, music and creative art⁹ and we are starting to see businesses realise the benefits that neurodiverse talent can bring to their organisation. However, we need to do more to recognise contributions made across our society and measure these achievements against a wide criterion that includes, but is not limited to, those whose efforts result in financial gain or being in the public eye. The benefits of neurodiversity can be realised in our educational settings, the arts, across the workplace, throughout society and in our individual relationships.

The autistic community is diverse, and presentation differs across sex, race, lifestyle, and ability. Ambitious about Autism describes gender identity and sexual orientation as existing on a spectrum, much like autism itself¹⁰. At the heart of valuing autistic people is the need to develop a culture where we embrace difference and recognise that every member of society is valuable and has the right to live a purposeful life. To do this we need to become more inclusive both in terms of language, access and opportunity and to make sure everyone's voice is heard, and they feel safe and welcome.

We want to encourage everyone to be curious and actively learn about autism and how to empower and include autistic people and their families in our communities. As a council, it is our responsibility to increase recognition and representation of neurodiversity across our departments, in our strategies, policies and partnerships, and through our employment, procurement and delivery of services. As a partnership, it is important we use our collective resources to champion autism, share good practice and support individuals to thrive, actively contribute to decision making and feel valued for who they are.



⁹ <https://www.healio.com/news/psychiatry/20141203/what-happens-to-autistic-children-when-they-get-older>

¹⁰ <https://www.ambitiousaboutautism.org.uk/what-we-do/awareness/inclusion/lgbtq>



We will:

- Celebrate and value contributions made by our autistic community, including by supporting national campaigns and awareness days and throughout the year through the communication and engagement we carry out with our staff and communities.
- Seek, value, and learn from autistic people's views and ideas concerning their own care, plans and service development. This includes creating opportunities for contribution through forums, boards, stakeholder events, consultations and event planning.
- Raise awareness across the Council and with our partners of the diversity of the autistic community, including the presentation of autism in women and girls, the LGBT community, in ethnic minority groups and the relationship between autism and other co-occurring conditions (epilepsy, ADHD) and differences (sleeping and eating).
- Listen to autistic people's experiences about feeling safe in our communities. This can then be used to inform building design (including schools), develop community provisions, delivery of services and raise professional awareness.

Priority 2

Provide needs-based support

We want everyone be able to access the right support, at the right time and within Enfield.

Assessments will be based on current needs and lead to referrals that are responsive and personalised to their identified and changing needs. Access to support should be available when it is needed and not be dependent on a diagnosis being given.

We want to understand the needs of our autism community and develop opportunities for autistic people with complex needs to have high aspirations, participate and thrive in their local community.

We know autistic people and their families do not always receive the right support at an early enough stage. Early identification of autism is an important first step, to make sure needs are recognised and can be met throughout life. Identification can happen as early as at the age of two; or can be much later in life, with statistics showing a peak in identification amongst adults aged 50 or above. In some cases, this identification may lead to a diagnosis, but not always. The choice of seeking a diagnosis is a personal one and this must be respected. For those who choose diagnosis, further investments have been identified by our health colleagues (NCL) to create an Autism/ADHD face-to-face hub and digital assessments for those waiting longest. It is important to note that a diagnosis does not always result in an Education, Health and Care (EHC) or Care Act needs assessment or require additional support.

Under the [Care Act 2014](#)¹¹, councils have duties to assess people's needs and their eligibility for publicly funded care/support as they transition from childhood and experience adulthood. To make sure everyone gets the support they need, these assessments must be based on current needs and behaviours and carried out by suitably trained staff. This is why we do not require a diagnosis for an adults Care Act assessment or child/young person's assessment as part of an EHC needs assessment. This needs-based approach is important to prevent more children, young people and adults from missing educational/employment opportunities, reaching

crisis point or being admitted into inpatient mental health services. It may also offer alternatives to residential settings.

Evidence shows that autistic people can experience poorer health outcomes than neurotypical people. Although autism itself does not affect life expectancy, autistic people live approximately 16 years less than the general population¹². This may be due to co-occurring conditions, unhealthy life choices, the signs of illness being overlooked, different interpretation of pain and internal sensations, inability to know who to communicate their experiences to, or not accessing help until they are in crisis. Once help is accessed, the masking of differences can mean it is not always easy for professionals to detect autism and to make the right adjustments. We need to help autistic people and their families identify needs and access help as early as possible.

As a council, we acknowledge there will always be challenges in having a full data set on the numbers of autistic people. The importance of being person centred and needs led rather than diagnosis driven does mean it is hard to create an accurate picture. However, we will continue to explore opportunities to further build and utilise our data based on the journey residents take as they move through our services, particularly as they go through transitions from early years, primary school, secondary school, post 16 education and adulthood. This will help inform our service delivery, commissioning, and training programmes.

¹¹ <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

¹² <https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026>

As a partnership, we must make sure our professionals have the right training to understand autism and can develop their practice, so signs of illness or other needs, such as access to friendly and inclusive environments, are not overlooked. We must also work together with autistic people to help them identify pain and when to seek help. Practitioners will make sure health and support options are discussed and agreed together with the individual/family, and if needed, referrals made. We must also help individuals and families to understand the types of support available, including delivery settings, so they can make their own decisions and self-refer for help and support. To prevent disjointed care, we will work together to deliver accessible services across the Council, NHS providers, and other partners. Information captured from referrals and services will help us understand the inequalities autistic people face, such as the causes for the gap in life expectancy, so we can take the right actions to improve people's health outcomes and offer the right services.

We will:

- Develop and manage data capturing the journey autistic people take as they move through our services, to enable us to respond to the changing needs of our diverse community, their lived experiences, and the performance of our local area.
- Support commissioners to access the national training and relevant guidance made available through the national strategy. This will enhance future planning, monitoring and buying of services.
- Coordinate our services for autistic people effectively as part of our local Integrated Care System (ICS), through our plans to improve population health and reduce inequalities between different groups.
- Review and improve autism awareness through internal training made available for all Council staff on iLearn to enable staff to adapt existing practice to ensure inclusion for autistic people and their families.
- Monitor our progress on the reduction of waiting times for autism diagnosis.



- Ensure that autistic people and their families have access to preventative support before, during and after receiving an autism diagnosis.
- Support the introduction of the new National Assessment and Accreditation System (NAAS) simulated practice and knowledge assessment materials for social workers working with autistic children.
- Ensure Education Health and Care (EHC) needs assessments and Education Health and Care Plans (EHCPs) are completed on time, to a high standard and are aligned with the AET Good Autism Practice principles.
- Maintaining a Dynamic Support Register (DSR) to make sure that as a multiagency team, children and young people are provided with the right early support so they can stay living at home with their families and in school, and that the right interventions are in place for those children at risk.
- Effectively coordinating the Local Area Emergency Protocol, and Care and Education Treatment Reviews (CETRs). These check that children and young people are safe, are getting the right care and they have a good plan for the future through ensuring any problems with their health, safety or care gets sorted out.

Priority 3

Enable fair access to education

We want more autistic people to have the opportunity to attend and benefit from education.

This must be done in a way that is respectful, with accessible and appropriate opportunities offered to ensure it is a meaningful positive experience with the right activity for the individual. The need to focus on education has been highlighted both locally and in the national strategy and is supported by the earlier priority to celebrate and value neurodiversity.

We want children and young people to get the right school placement, and for 70% of autistic children in England, this is in mainstream schools.¹³ We also need to make sure we work together to provide the right support with over 64%¹⁴ of autistic pupils EHCPs highlighting the need for Speech, Language and Communications as their second need for support. To support this need, we work closely with health partners to provide speech and language therapy that meets the specific needs identified in EHCPs. There is also SEN support available through the early help work carried out by Enfield Communication Advice Support Service ([ECASS](#)). This uses an evidence-based approach to support children, young people and schools to develop environments and practices to make sure communication becomes everybody's business.

The right environment is also paramount. Government figures¹⁵ show that autistic children and young people are twice as likely to be excluded from school (either for a fixed period or permanently) than their peers with no special educational needs. To make sure we deliver the SEND pledge of right support, right place, right time, all our schools and colleges need to offer a safe and inclusive environment for their pupils, that meet both their educational and emotional needs of their pupils. We also need to support and empower families within the school and the wider community and will continue to encourage all our local schools

to achieve this. We want all our pupils to have their needs met through local delivery and to be able to benefit from local community support.

By strengthening and expanding the Enfield Advisory Service for Autism ([EASA](#)), we have committed to empowering the education workforce and parents to work together, share understanding and create opportunities to enhance the education, wellbeing and success of all autistic children and young people. EASA is currently working with 74 or our 97 schools¹⁶ and is the London Regional Partner and Training Hub of the Autism Education Trust (AET)¹⁷. In addition, two of our schools are taking part in the London Autism in Schools Pilot Project (Autism Education Trust) with activities including sensory walks to identify and address overwhelming school environments.

Differences in perceiving sensory information, understanding lessons and the energy needed to navigate the school social environment can result in overload and severe anxiety. This puts autistic pupils at greater risk of Emotionally Based School Non-Attendance (EBSNA). Simply put, although pupils may want to attend school, they find it difficult to attend due to the current set-up and the demands attendance places upon them. Early identification and intervention are key to supporting our young autistic pupils and we work together to identify and meet their needs resulting in a return to education. This could include interim part time timetables, identifying appropriate quiet space, additional support and adopting evidence based whole school approaches.

Other students thrive in education and may want to continue their studies at university (2.4 per cent of all UK university students have an autism diagnosis¹⁸). The transition to university starts in advance of exam results with our schools and colleges providing

¹³ <https://www.autism.org.uk/what-we-do/news/school-report-2021>

¹⁴ SEND JSNA data – 2023

¹⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1082518/Special_educational_needs_publication_June_2022.pdf

¹⁶ <https://governance.enfield.gov.uk/documents/s91594/4c%20EASA%20Annual%20Report%20Feb%202021%20to%20Jan%2022%20RW.pdf>

¹⁷ The Autism Education Trust (AET) is a not for profit programme led by two national autism charities – the National Autistic Society (NAS) and Ambitious about Autism (AaA)

¹⁸ <https://link.springer.com/content/pdf/10.1007/s10803-018-3741-4.pdf>



information as to what to expect and the universities offering open days. However, we know that autistic people are nearly ten times more likely than their peers to leave university¹⁹, so getting the right support and funding is vital. At present, most autistic people would qualify for the [Disabled Students Allowance](#) and this can be used for specialist equipment, non-medical support, travel and disability-related study support.

As a council, we are also providing support to educate our children and young people locally and, where possible, within mainstream settings. To support this, we are using local data to plan for the right number of places, which includes increasing the number of [Special Resourced Provisions](#) (SRPs), and [designated units](#) in mainstream schools. We are also in discussion with our local colleges to encourage more inclusive education and to secure places on requested courses. For those needing additional support, an [Education, Health and Care Plan \(EHCP\)](#) is a legal document, which sets out how a child or young person's needs will be supported through education, health and social care services. We are committed to continuing to improve the time it takes us to complete needs assessments and EHCPs. We are also working hard to make sure EHCPs are of a consistently high standard and that our workforce across the partnership have the skills they need to confidently develop plans, which include high quality professional advice. Not all children and young people with autism will have or need an EHCP. For some, the need for extra or different support may already be met by the school or through SEN Support.

We will:

- Work together to educate all our children and young people locally where this is what they want and, where possible, within mainstream settings.

¹⁹ <https://link.springer.com/content/pdf/10.1007/s10803-018-3741-4.pdf>

- Listen and respond to autistic children and young people's opinions and ideas when making any decision which impacts on their lives.

- Work together with our educational settings and partners to provide a positive, pro-active approach to high quality provision and support for autistic children and young people through the work of EASA and the implementation of the AET's 8 Principles of Good Autism Practice.

- Work with early years settings, schools, colleges and our partners to implement and embed trauma-informed practice in their day-to-day work. We are delivering this through our Enfield Trauma Informed Practice in Schools and Settings (E-TIPSS) initiative, which is helping our workforce to understand the importance of having the capacity to observe and make sense of the emotional needs underlying children's behaviours and to respond appropriately.

- Have oversight and explore the use of part-time/reduced timetables to ensure they are beneficial to the child, only used in exceptional circumstances and in place for a short time.

- Work with education settings and partners to develop a borough wide approach to prevent emotionally based school non-attendance.

- Encourage all educational settings to sign up to the Enfield Inclusion Charter, ensuring more appropriate educational choice for pupils and enabling an environment that promotes peer support and embraces individual differences.

- Ensure there are fair and inclusive travel assistance options for children and young people getting to and from school or college, so that young autistic people can be as independent as they can be, as early as possible.

- Prepare young autistic people for adulthood, through good quality work experience, supported internships or meaningful volunteering tailored to their interests and goals.

Priority 4

Support more autistic people into employment

We want more autistic people who can and are able to work, to secure employment and be supported to thrive in the workplace.

We want autistic people to get the adaptations or extra support they need to access meaningful activities, including volunteering, or where possible, sustainable paid employment. This enables people to contribute to society, feel valuable and live a purposeful life. Higher quality employment, characterised by fair pay, security, good working conditions, a good work-life balance, and opportunities to progress, is important for good health and wellbeing.²⁰

Evidence shows that there is currently a significant employment gap for autistic people. Data published by the Office for National Statistics (ONS) in February 2021 shows that as of December 2020, 22% of autistic people aged 16 to 64 are in employment, in contrast to 52% of disabled people, and 81% of non-disabled people. Further investigations of the data revealed that autistic people (made up 29% of the total disabled people group) were the second least likely category to be employed in comparison to the other 17 categories measured.²¹ National data also shows that 46% of the autistic adults who are employed are over-educated or exceed the skill level needed for the roles they are in (Baldwin et al., 2014)²².

The government recognises the need to support autistic people to gain meaningful employment and offers support through the Access to Work scheme, and more intense support through [Intensive Personalised Employment Support Programme \(IPES\)](#) for autistic people who qualify. This support is available through Job Centre Plus.

We have an important role to play as an employer, commissioner and service provider to improve opportunities for autistic adults in the workplace and to widen the pool of people we can attract to work for the Council. We are also in a position to raise local employer awareness, share good practice and encourage other employers to be more confident in hiring and supporting autistic people.



²⁰ <https://www.health.org.uk/infographic/how-is-work-good-for-our-health>

²¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2021>

²² <https://journals.sagepub.com/doi/10.1177/1362361320981319#>

We will:

- Ensure transitions from education to employment are informed by discussions and the wishes of the individual are supported by preparing for adulthood, advanced planning and the right support for individuals and carers/parents.
- Strengthen and promote pathways to employment, such as Supported Internships, traineeships, apprenticeships, and the government's national autism strategy commitment to develop Supported Employment Forums.
- Offer flexibility and make reasonable adjustments to the council job recruitment process and working practice to attract and encourage autistic people to apply for appropriate posts or access employment via the existing Supported Internship agreement with West Lea School.
- Promote employment support programmes, including Access to Work and Intensive Personalised Employment Support Programme (IPES) to autistic people who are at least a year away from work.
- Increase the council employment opportunities and ongoing employment support for Adult Social Care clients through internal policy reform.
- Raise awareness of the free employment Profiling Assessment Service available for autistic people through a Job Centre referral. These assessments are carried out by [Autism Centre for Research on Employment \(ACRE\)](#) and identify career preferences/job roles and provide a support plan including recommended adjustments for the workplace.
- Influence partners and local businesses to achieve disability supportive employment quality marks such as the [Disability Confident](#) scheme through partnership working and our procurement process.
- Support local employers to understand the scope for reasonable adjustments to enable more employment opportunities.



Priority 5

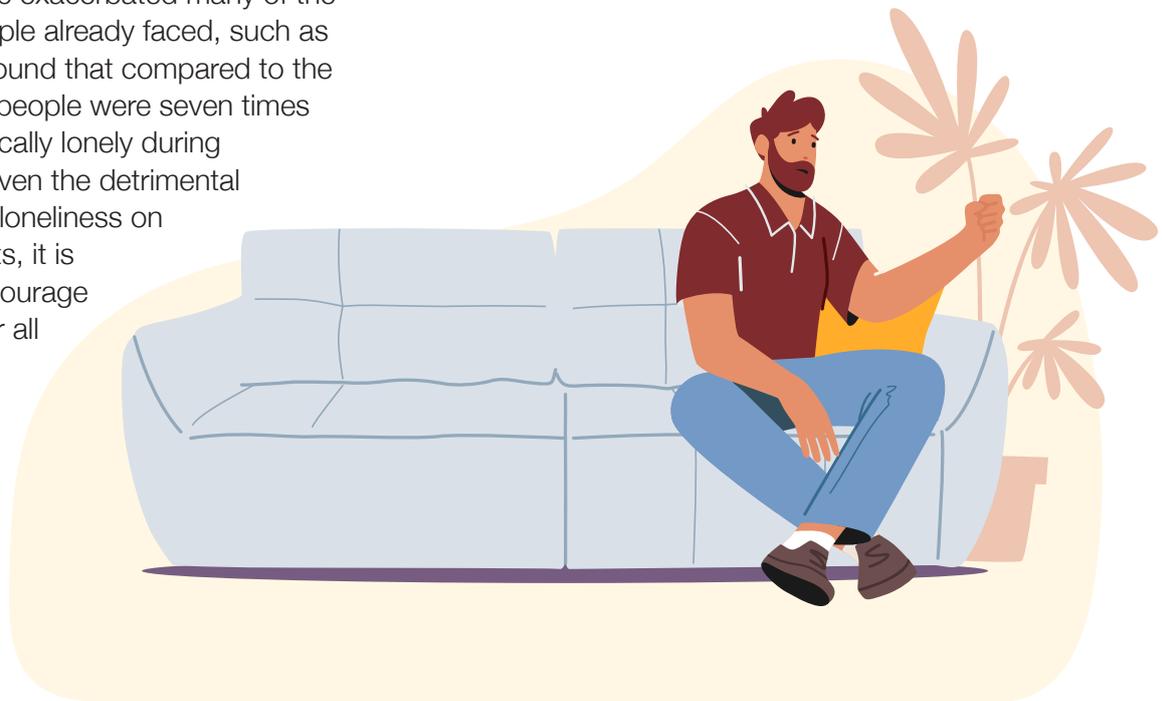
Recognise and combat isolation and loneliness

We want autistic people to have the opportunity to access meaningful activities, form and maintain relationships and be able to engage in and with the community around them.

There is limited research²³ and understanding into the impact life transitions such as becoming a parent, losing a partner or loved one, retiring or accessing care/nursing homes have on autistic people. However, we know these events can result in isolation and lonely times²⁴ and opportunities to engage reduce as we age and are noticeably less when leaving education (Anderson et al., 2018²⁵). Loneliness is wanting human contact but being unable to achieve it. It is not the same as 'being alone' or choosing to be alone to immerse in hobbies or complete accomplishments which can help regulate anxiety levels.²⁶

Research²⁷ undertaken by the National Autistic Society's Left Stranded report gives us some insight as to how the pandemic exacerbated many of the inequalities autistic people already faced, such as loneliness. The report found that compared to the general public, autistic people were seven times more likely to be chronically lonely during June and July 2020. Given the detrimental impact of isolation and loneliness on our bodies and thoughts, it is paramount that we encourage and enable inclusion for all autistic people.

Who we live with and where has a direct impact on loneliness and levels of social isolation. Living alone or moving to a new area or to a new home can make it even more difficult to engage in new social opportunities. Once opportunities are identified, access to new venues at new times can be confusing and increase anxiety resulting in a few attempts before feeling comfortable and settled enough to engage. Barriers such as accessing transport, using new public transport routes or traveling during busy periods can also cause additional distress. For this reason, understanding and flexibility from the event hosts or service provider is paramount. This consideration should also be extended to health and education services.



23 <https://www.autism.org.uk/advice-and-guidance/professional-practice/ageing-loneliness>

24 Hickey et al 2017 – <https://journals.sagepub.com/doi/10.1177/1362361316680914>

25 <https://journals.sagepub.com/doi/full/10.1177/13623613221077721>

26 <https://www.autism.org.uk/advice-and-guidance/professional-practice/ageing-loneliness>

27 <https://s4.chorus-mk.thirdlight.com/file/1573224908/63117952292/width=-1/height=-1/format=-1/fit=scale/t=444295/e=never/k=da5c189a/LeftStranded%20Report.pdf>

Living with parents (2021 ONS data suggests this applies to 76% of the autistic community), may prevent loneliness but if individuals do not engage with non-family members they are at risk of social isolation. The ability to make and maintain relations is often difficult as it requires communication skills, an understanding of social cues and social interaction with peers and the community. Research estimates that 40% of adults with autism do not experience meaningful two way friendships²⁸ so it important for us to provide accessible opportunities for all types of interaction through educational settings, youth and adult activities, clubs and safe access to universal community places such as our libraries and parks.

Housing, its allocation, appropriateness and where it is, all have an impact on isolation and loneliness. The inability to feel safe at home, and to safely leave and return to that home, can directly result in isolation. For autistic residents with additional needs there may also be physical barriers preventing them leaving the home which may also result in isolation. In this instance, the Council may be able to support adaptation costs through a [Disabled Facilities Grant](#). For those who require specialist housing, we are committed to improving and developing specialist housing pathways by working across housing, health and social care services to ensure we tailor housing solutions to resident's needs. New housing delivered through our regeneration and housing development programmes is designed to consider the needs of people who require a range of additional support.

To become more inclusive, we need to understand and ask autistic people about their individual social engagement needs and respect personal space in activities and relationships. A neurotypical 'solution' is both disrespectful and unlikely to be helpful. Feedback from those with lived experiences has shown that in childhood, sharing a toy or conforming to managed activities may not be an option for everyone. Similarly, in adulthood, working in a busy and bright open plan office or engaging in non-subject based conversations can also be difficult to negotiate, resulting in isolation.

As a partnership, we need to adapt the delivery of our services, workplace conditions and reconsider our social expectations and programmed activities accordingly. As a Council, we need to ensure we support and enable autistic people to use universal transport networks through travel buddies, independent travel training, assistive technology and personal travel budgets.²⁹

We will:

- Engage with autistic children and young people, their parents and carers, and our partners, to further develop the range of play, leisure and social opportunities available in the community.

- Encourage our Youth Centres and Family Hubs to sign up to and live by the principles of the Enfield Inclusion Charter to enable inclusive and supportive environments for young people.

- Use our partnership work and commissioning opportunities to raise awareness of sensory and communication adaptations which will enable more autistic people to access and enjoy activities and events.

- Enhance existing Council front line workforce iLearn training to recognise signs of loneliness and feel confident to discuss this with the individual and/or their family.

- Increase use of technology to support social connection, reduce isolation and help keep people independent including Smart Living Enfield initiatives.

- Identify autistic friendly activities, courses, training and publications through practice meetings, sharing the results on MyLife, Children's Portal, Local SEND Offer and Simply Connect Enfield.

- Signpost voluntary sector and peer led support through opportunities such as the [Enfield Autism Hub Access](#).

²⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3795788/#R12>
²⁹ Draft ASC Independent Living Strategy – Section 8.5 p21

Priority 6

Provide inclusive mental health and wellbeing support

Through delivery of NHS Lead Provider Collaborative and the Thrive Framework (Wolpert et al, 2019)³⁰, we will offer suitable early help to prevent crisis and avoidable admissions.

Autism is not a mental health problem and autistic people can have good mental health. However, research shows that 70% of autistic people have a mental health condition such as anxiety, depression, ADHD or obsessive-compulsive disorder (OCD). This can be due to a number of reasons but struggles felt by autistic people to 'fit in'³¹ with a neurotypical biased society, discrimination, delays in mental health diagnosis and inappropriate support therapy referrals are all contributors.



Higher rates of anxiety and depression in autistic people have been associated with lower life satisfaction, greater social difficulties, loneliness and insomnia.³² Research shows autistic people are significantly more likely to think about, attempt, and die by suicide than the general population.³³ Whilst,

1% of UK population are autistic, up to 15% of people hospitalised after attempting suicide have a diagnosis of autism³⁴. To improve autistic people's lives, we must take a preventative approach, make reasonable adjustments to environments through listening to autistic people, recognise all the signs of poor mental health and offer timely appropriate support, which is crucial in preventing escalation of needs.

Changes

The Government's white paper on Reforming the Mental Health Act³⁵, makes a series of proposals to change the current Mental Health Act 1983 (as amended in 2007) in England and Wales. These include the proposal that learning disabilities and autism should not be considered a mental disorder for which someone can be detained for treatment under Section 3 of the act. This would mean autistic people would only be admitted if absolutely necessary. The change in the law would ensure fair and appropriate treatment for autistic mental health patients, reducing restrictive interventions and enable choice as to an appropriate environment for treatment that do not cause sensory distress. In October 2022, 95% of under 18s in inpatient mental health hospitals in England are autistic (180 people)³⁶.

Locally this would mean we would have a duty to treat and support autistic people through community services, focusing on therapeutic support and identifying mental health needs as additional to autistic needs.

30 <http://implementingthrive.org/>

31 <https://s2.chorus-mk.thirdlight.com/file/24/asDKIN9as.klK7easFDsalAzTC/NAS-Good-Practice-Guide-A4.pdf>

32 Stark et al (2021). Psychological therapy for autistic adults (1st digital ed.) Authentic Research Collective. Retrieved February 24, 2021 from <https://eliostark.org/authentic>.html (no longer available online).

33 Hand, B., Benevides, T., and Carretta, H. (2020). Suicidal ideation and self-inflicted injury in medicare enrolled autistic adults with and without co-occurring intellectual disability. *Journal of autism and developmental disorders*, 50(10), pp3489-3495. – quoted in Good practice guide For professionals delivering talking therapies for autistic adults and children, National Autistic Society

34 Cassidy, S et al. Autism and autistic traits in those who died by suicide in England. *BJPsych*; 15 Feb 2022; DOI: 10.1192/bjp.2022.21

35 <https://www.gov.uk/government/consultations/reforming-the-mental-health-act/reforming-the-mental-health-act>

36 <https://www.autism.org.uk/what-we-do/news/number-of-autistic-people-in-mental-health-hos-4>

To support community delivery, the NHS Mental Health Implementation Plan³⁷, lists the provision of new NHS Lead Provider Collaboratives, made up of specialised mental health, learning disability and autism services. The collaboratives have their own budgets and are developed by experts by experience enabling services for children, young people and adults to be integrated, tailored and provided closer to people’s home. The collaboratives will reduce the need for hospital admissions and, for those in hospital, provide support when returning back into the community. The current collaboratives are:

- Children and young people mental health inpatient services (CYPMHS) – East London NHS Foundation Trust
- Adult low and medium secure – Barnet, Enfield and Haringey Mental Health NHS Trust
- Adult eating disorders – Central and North West London NHS Foundation Trust

For children, young people and their families who need more generic mental health services, local integrated teams of multidisciplinary professionals are available. They use a person centred, and needs led approach called the Thrive Framework³⁸. This approach focuses on 5 different need-based groups and emphasis is placed on the prevention and promotion of mental health and wellbeing across the whole population. There is also research being carried out by Autistica to develop a new assessment tool to help professional identify anxiety and depression in autistic people who speak little or no words³⁹.

As a council, we recognise the vital role our staff have in building relationships with our residents and being in a position to recognise the signs of poor mental health. An example of this, is the role of the school staff and their ability to build relationships with our autistic children and young people and their families. This relationship, and daily contact with pupils enables staff to identify changes in behaviour and work with the individual and their families to refer if help is needed.

As a partnership, we will work together to commission and provide integrated care services, tailored to the need of our residents and delivered through accessible local provision. The NHS Long Term Plan 2019 also commits to “do more to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives.”⁴⁰

We will:

- Support our health and adult social care staff to attend the [Core Capabilities Framework for Supporting Autistic People](#) and [Oliver McGowan Mandatory Training](#).
- Ensure autistic people are a key group for inclusion and consideration in the development of the Council’s Suicide Prevention Strategy and Protocols.
- Support social workers working with autistic children to attend the new [National Assessment and Accreditation System \(NAAS\)](#) simulated practice and use the knowledge assessment materials.
- Prevent avoidable admissions to hospital by providing the right support at the right time through a multi-agency approach, with the autistic person at the centre of their care plan. This will be done through professional’s referrals in addition to information collected in the Dynamic Support Register. This support may include short break care opportunities.
- Support autistic children and young people in schools to have good mental wellbeing and, if needed, and access advice and help, aligned with the Thrive Framework, to prevent suspensions and/or permanent exclusions. This may include direct referrals to EASA to access narrative therapy and peer support.
- Provide meaningful support for both the individual and their support network/family to improve wellbeing and future resilience.

37 <https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/>

38 <https://www.annafreud.org/mental-health-professionals/thrive-framework/>

39 <https://www.autistica.org.uk/our-research/research-projects/anxiety-and-depression-in-autistic-people-who-speak-few-or-no-words>

40 <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

Priority 7

Improve support within the criminal and youth justice systems

Autistic people may be over-represented as people who come into contact with the criminal and youth justice systems, as victims, witnesses or defendants. We want to make sure autistic people are understood by the police, Youth Justice System and support services, have equal access to care and are given appropriate support through the provision of reasonable adjustments and a trained workforce.

Autistic people can be more vulnerable to manipulation and exploitation resulting in being taken advantage of, abuse or carrying out criminal behaviour. This can be through online, in person or telephone interaction. We also know that up to 20% of diagnosed autistic people have violent behaviours resulting in damage to property, those around them or themselves.⁴¹ Poor understanding of autism, undiagnosed or misdiagnosis, lack of adjustments to enable engagement in the process and inappropriate settings or restraint result in a confusing and unfair experience of the criminal justice system. We want to improve autistic people's experiences of coming into contact with the criminal and youth justice systems, by ensuring that all staff understand autism and are trained to know how to support autistic people.

For victims of crime, the unfamiliar environment of the police station, inability to understand the process and/or answer the questions can result in lack of information to warrant further investigation or later miscarriages of justice. Appropriate adjustments such as planning the interview, liaising with someone who knows the autistic person and considering the use of sketches are all listed as good practice in the [Autism: a guide for police officers and staff](#).

The results of the inquiry report [The Autism Act, 10 Years On](#), carried out research as to people's experiences accessing the justice system, found autistic behaviour was often misunderstood with only 6% of autistic adults and 5% of families feeling that police officers have a good understanding of autism. The settings caused considerable environmental stress, appropriate support was not always made available and reasonable adjustments not always made.

⁴¹ <https://www.thinkingautism.org.uk/aggression-in-autism-one-simple-cause/>

To support young people who have been arrested, the NHS England fund Operation Engage, which places youth workers in the Wood Green Custody to provide support to young people coming to the custody. The project is committed to the Youth justice standards for children 2019 'Child First Approach' and is aligned with Early Help and Multi Agency Safeguarding Hubs (MASH) in Enfield and Haringey. This supports open cross-borough communication, a whole family approach to interventions, identification and delivery of services, and early escalation of significant safeguarding concerns.

As a partnership we will champion autism awareness and extend training invitations to our colleagues in the Metropolitan Police. We will also use our universal services, such as schools and youth provisions, to inform our young people of their rights, tackle exploitation and provide support for those who have or are experiencing crime. We are also exploring ways to help autistic people to indicate that they may need additional support. This could be through the use of a flower lanyard or the Autism Passport approach, as used in some other London Boroughs.



We will:

- Encourage autistic residents to access free online safety training and information. This will be championed through schools, libraries, our website and across our services and those of our partners.

 - Invite police and Youth Offending Team officers to take part our autism working groups to share good practice and service development updates.

 - Work together to identify reasonable adjustments and adaptations that could be made in criminal and youth justice settings.

 - Encourage better access to health and social care services for those in contact with the criminal and youth justice systems, through informing officers of referral pathways to enable support needed when leaving custody.

 - Utilise our partnership meetings to share relevant autism information and service updates with our police colleagues. This could include sharing details of free resources such as the [Autism: a guide for police officers and staff](#) and stop and search – guidance for autistic people and police officers (AKO).

- Raise awareness through working with young people in schools and youth centres of the rights for autistic people to have an Appropriate Adult present when questioned at a police station.

 - Develop our early help offer to intervene early to build resilience and divert children and young people away from extra-familial harm (harm that happens within the community or peer group, including sexual and criminal exploitation).



Monitoring progress and measuring outcomes

We will use and analyse a broad range of outcomes and performance indicators, to understand the impact of this strategy. These will include existing NHS waiting time data, council assessment data and voluntary sector insight. To support the National Strategy, the government has identified data collection as a priority and work to create new integrated systems is underway.

Identified performance indicators include:

Performance indicators	Source
Children, young people and families accessing preventative needs based support	
No of people accessing ECASS	ECASS
No of people accessing EASA	EASA
No of people accessing CAMHS	CAMHS
No of people accessing One to One Enfield	One to One Enfield
No of people accessing Our Voice	Our Voice
No of people accessing autism specific sessions delivered in our libraries	LBE Libraries
No of people accessing autism specific sessions delivered in our Family Hubs	LBE Family Hub
Autism diagnosis waiting time and numbers	
NHS diagnosis waiting times (Children and young people)	ICB
NHS diagnosis waiting times (Adults)	ICB
Number of new diagnosis (Children and young people)	ICB and comparative national data

Performance indicators	Source
Number of new diagnosis (Adults)	ICB and comparative national data
Educational settings support usage	
95% or more of statutory EHC needs assessments completed on time	LBE Data insight
95% or more of EHCPs within the statutory 20-week timeframe without exceptions	LBE Data insight
85% of more EHCP Plans align with the 8 AET principles	LBE
Number of schools embedding the 8 AET principles	EASA
Number of schools completing a standard audit assessment supported by EASA	EASA
Number of schools signed up to the Inclusion Charter	LBE – Education Department
Update of services usage	
Number of autistic people accessing Adult Social Care services	LBE
Number of autistic children and young people obtaining an EHCP	LBE Data insight
Number of autistic people seen by the Youth Justice Service	LBE
Number of young people supported by Operation Engage	LBE
Update of activities accessed	
% of autistic people accessing Summer University	LBE

Performance indicators	Source
% of autistic people access LBE youth centres	LBE
% of autistic people accessing LBE funded short breaks care opportunities	LBE
Number of people accessing autism specific sessions held in our libraries	LBE
Knowing our community	
% of autistic people identifying as from an ethnic minority accessing our services	ICB/LBE
% of autistic people identifying as female accessing our services	ICB/LBE
% of autistic people identifying as LGBTQ+ accessing our services	ICB/LBE
% of autistic people identifying as having a disability accessing our services	ICB/LBE

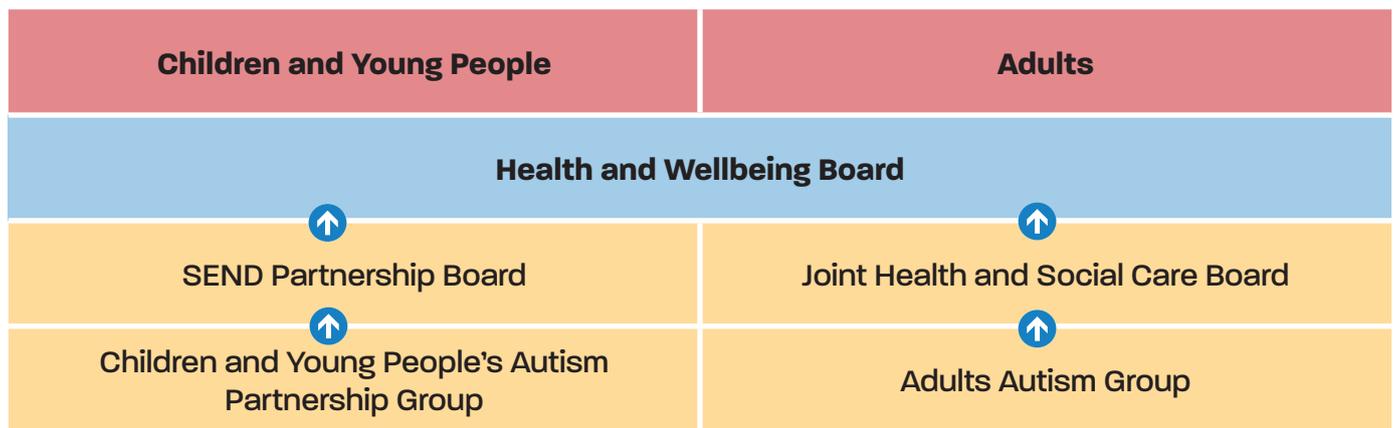
Key performance Indicators help us understand how we perform against set targets but this is one part of the picture, and alone cannot provide us with a full understanding of our community's needs and their experiences. Therefore, we will use case studies reviews and audits, the results from questionnaires, service feedback (collected across the partnership) and individual responses to capture a wider view and understanding. This will be done using i-statements to make sure we hear the speakers feelings and beliefs, not an interpretation of them.

We will also utilise the Youth Council, All About Us, parent forums, adult forums and use information collected via partnership questionnaires collected through our Children and Young People's Autism Partnership Group and Adults Autism Meeting we will also develop new forums and opportunities as committed to in Priority 1.

Governance

The Health and Wellbeing Board is responsible for overseeing delivery, monitoring, and review of this strategy.

This board is a requirement under the Health and Social Care Act 2012 and is attended by key leaders from the NHS, public health and local government. Its purpose is to discuss and collectively improve the health and wellbeing of their local population. To ensure this board can make informed decisions, it will be provided updates and information on delivery of this strategy from the Children and Young People’s SEND Strategy Board and all age Joint Health and Social Care Board.



Other local strategies and policies that should be considered alongside this document:

- Autism Inclusion Guidance for Education Settings (2023)
- National strategy for autistic children, young people and adults: 2021 to 2026
- Investing in Enfield. Enfield Council Plan 2023 -2026
- Empowering Young Enfield (Enfield’s Children and Young People’s Plan) 2021-2025
- Fairer Enfield, (Equality, Diversity and Inclusion Policy) 2021-2025
- The Enfield Poverty and Inequality Commission report
- Early Help for All Strategy 2021-2025
- Looked After Children Plan 2018-2021
- Revised Special Educational Needs and Disabilities (SEND) Partnership Strategy 2023-2027
- Tackling Child Neglect Strategy 2022-2025
- Enfield School Inclusion Charter
- Safeguarding Adolescents from Exploitation and Abuse (SAFE) Strategy 2019-2022
- Joint Health and Wellbeing Strategy
- Enfield Housing Allocations Scheme
- Enfield Council Tenancy Strategy 2022-2025
- Housing and Growth Strategy 2020-2030
- Culture Strategy 2020-2025
- Sustainable and Ethical Procurement Policy 2022-2026
- Learning Disability and Autism Programme in the NHS Long Term Plan 2019
- [Core20 PLUSS \(adults\)](#) an approach to reducing healthcare inequalities

