



# Oxfordshire All Age Autism Strategy 2026

## Introduction

Welcome to Oxfordshire's All-Age Autism Strategy.

This is a partnership strategy, jointly developed and owned by organisations, services and communities across Oxfordshire. It has been co-produced with autistic people and shaped through collaboration between:

- Oxfordshire County Council
- Thames Valley Integrated Care Board (TV ICB)
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust (OUH)
- Oxfordshire Parent Carers Forum
- Autism Champions
- Response
- Experts by Experience

Every partner has played a role in developing this strategy. Autistic people, parent carers and other experts by experience will continue to contribute through co-production shaping, guiding and influencing this work.

### Who this strategy is for

This strategy is for everyone.

Autistic people are part of every community in Oxfordshire in families, education settings, workplaces, neighbourhoods, public services and community groups. Creating an inclusive county is a shared responsibility, and this strategy provides direction for all of us.

It is for everyone involved in supporting, working with or designing services, environments or opportunities for autistic people.

It is also for wider communities because inclusion does not sit only within services. It sits in workplaces, leisure settings, places of worship, arts and cultural venues, public spaces, transport, friendship groups and everyday interactions.

This strategy invites the whole of Oxfordshire to help build a county where autistic people feel a strong sense of belonging and are supported to live the lives they choose.

### Our shared vision for Oxfordshire

Our vision is a county where autistic people of all ages:

1. Are respected, understood and valued
2. Can access the right support without unnecessary barriers
3. Experience genuine belonging in their education settings, workplaces and communities
4. Feel safe, listened to, believed and empowered
5. Are supported to thrive, grow and live with autonomy
6. Have their strengths recognised and their contributions celebrated
7. Shape the decisions, services and environments that affect their lives

Achieving this vision requires sustained commitment and meaningful change across all services and communities. We will focus on early understanding, inclusive education, meaningful employment opportunities, and supportive networks for families. Our commitment is to create communities and services that recognise neurodivergence as a natural and valuable part of human diversity, and to ensure autistic people can flourish and reach their full potential.

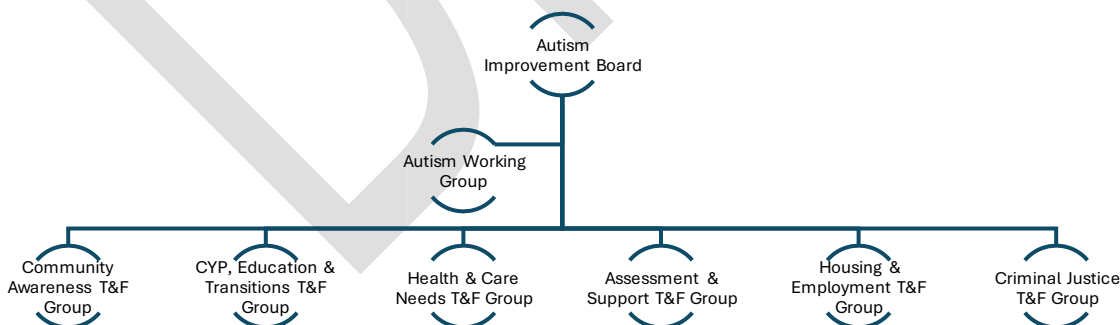
This strategy identifies six priority areas and the actions we will take to strengthen support, increase inclusion and improve outcomes for autistic people.

### How will this be delivered?

This strategy will focus on six priority areas, each area will have ‘We Will’ statements, these are the pledges we make to the community. The ‘We Will’ statements may seem vague or broad; however, they are intentionally written this way to cover different and multiple actions.

To accompany this strategy document, an action plan has been created, each area is a heading and each ‘We Will’ statement is a subheading.

Below is the governance structure for the strategy and action plan:



The Autism Improvement Board - made up of experts by experience, professional representatives, service providers and system partners. This meeting is hosted by Oxfordshire County Council commissioners and co-chaired with an elected expert by experience.

Each area will have a task and finish group, that will include experts by experience and professionals. Each task and finish group will be responsible for delivering elements of the action plan and reporting progress to various channels.

## Our Six Priority Areas

1. **Community awareness:** Promoting understanding and acceptance of autism throughout Oxfordshire, reducing stigma and building inclusive, welcoming environments for all.
2. **Supporting autistic children and young people in education, and positive transition to adulthood:** Ensuring autistic people can access the right learning pathways and are supported with the opportunities, adjustments and environments needed to thrive in education.
3. **Health and care needs:** Providing responsive, person-centred health and social care that reflects the unique strengths, experiences and needs of autistic people across their lives.
4. **Autism Assessment and Support:** Providing accessible pathways for diagnosis/confirmation. Ensuring clear, concise and concrete information is available to support autistic people and their families.
5. **Housing and employment:** Providing information for employers to ensure autistic people can access opportunities, adjustments and are supported in environments to thrive in employment. Increasing knowledge and support for autistic people to have sustainable housing, to maintain tenancies, exit homelessness and have a safe home environment.
6. **Criminal Justice system:** Autistic people will be supported through the criminal justice system, by providing early identification for support.

The following principles provide the foundation for this strategy and will be embedded throughout each area. They reflect our shared commitment to co-production, strengths-based approaches, sharing consistent and reliable information, and upholding the rights and dignity of autistic people of all ages.

- **Co-production:** Working in partnership with autistic people at every stage of planning, delivery and review.
- **Strength-based approaches:** Building on individual abilities and interests rather than focusing on perceived deficits.
- **Autism informed training:** Working with autistic people to create training/learning materials that are relevant to the autistic experience to create meaning change within the workforce.
- **Consistent information:** Providing consistent, reliable and concrete information, that is relevant to the whole system, in a centralised place for professionals, autistic people and their families to access easily when needed.
- **Rights and dignity:** Upholding the human rights of autistic people and challenging stigma, discrimination and harmful practices.
- **Shared learning and best practices:** Working together across the whole system, inclusive of Health, Social Care, Education, Criminal Justice and Voluntary Sector. Sharing experiences and best practices to enhance the lives of those who encounter services.

By embedding these principles, and working across Oxfordshire as a committed collective, we aim to create a culture that not only supports autistic people to thrive but also celebrates neurodivergence as an asset to our communities.

# Being Autistic

Autism is described as a neurodevelopmental identity and a distinct way of experiencing and processing the world. It looks different for every autistic person, with each individual having their own unique sensory experiences, communication styles, patterns of thinking, movement and interests. Autism is an integral part of who a person is throughout their life and should be recognised, respected and supported as such.

## **Understanding the autistic experience** *(this can be referred to as the autism spectrum)*

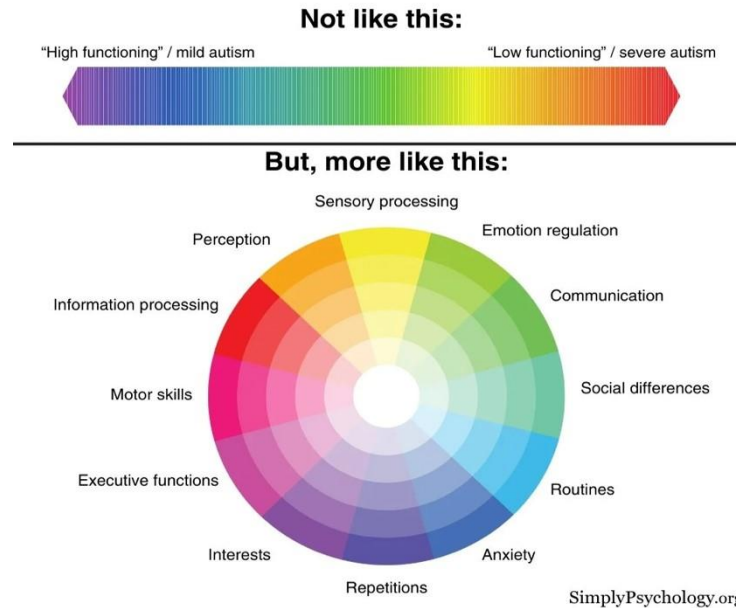
Autism is often described as a spectrum, but it is sometimes misunderstood as a straight line from “mild” to “severe”. This is inaccurate and can lead to unhelpful assumptions about ability or support needs.

The autism wheel (see below) offers a more accurate and respectful way of understanding autistic experience. It illustrates that autistic people have varied strengths, support needs and intensities of experience across multiple areas, such as:

- sensory processing
- communication
- perception
- motor skills
- executive functioning
- emotion regulation
- routines
- interests
- anxiety
- information processing

This approach reflects that autistic people are not “more” or “less” autistic — they have individual profiles that can change over time and across different environments.

# AUTISM SPECTRUM



## How we talk about Autism

It is important to recognise that the phrase “*we are all on the spectrum*” is unhelpful. While everyone has sensory preferences or communication differences, autism is a distinct neurotype, a specific way the brain processes information and experiences the world. Saying that everyone is “a bit autistic” can unintentionally minimise autistic people’s lived experiences, mask real support needs, and blur the unique identity and culture of the autistic community. Autistic people have a recognisable pattern of strengths, challenges and neurological differences that should be understood in their own right, not diluted or generalised.

## Functioning labels

Terms such as *high-functioning* or *low-functioning* are outdated and potentially harmful. They oversimplify complex experiences, mask support needs, and make assumptions based on outward behaviour. Instead, this strategy uses strengths-based and needs-based language, recognising that context and environment heavily influence how much support a person requires.

## Terminology and neuro-affirming language

Language shapes how autistic people are understood. This strategy uses neuro-affirming language, recognising autism as an important part of identity. Many autistic people prefer identity first language, such as “*autistic person*”, rather than “*person with autism*”, because autism is not separate from who they are. However, language is personal and no single approach is right for everyone.

## Examples of neuro-affirming language include:

- **Autistic person** rather than *person with autism*
- **Support needs** instead of *high- or low-functioning*
- **Communication style** instead of *communication deficit*

- **Intense interests / deep focus** rather than *obsessions*
- **Distress behaviour / unmet need** instead of *challenging behaviour*

Some older diagnostic terms, such as Asperger's syndrome, are no longer used in the UK. People who previously received this diagnosis are autistic, and their identity and preferred terminology remain valid and must be respected.

## A Neuro-Affirmative Approach

This strategy is grounded in neuro-affirmative practice, recognising autistic ways of being as valid and meaningful. Being neuro-affirmative means:

- respecting autistic communication and sensory experiences
- adapting environments rather than expecting autistic people to mask or change
- valuing autistic strengths, passions and perspectives
- recognising that distress often arises from unmet needs or inaccessible systems — not autism itself

It also involves promoting autonomy and agency. Autistic people must be listened to, believed and involved in decisions about their lives. When autistic people identify barriers, we must act to remove or reduce them. By embracing neurodiversity and adopting neuro-affirming practice, we create environments where autistic people can feel safe, understood and supported to flourish.

## Co-occurring experiences

Autistic people may also experience other health-related or neurodevelopmental needs alongside autism. These are not caused by autism but can influence wellbeing. They may include:

- **ADHD and other forms of neurodivergence:** Differences in attention, focus, energy levels or processing that may overlap with or mask autistic traits.
- **Anxiety, depression and autistic burnout:** Emotional or physical exhaustion caused by long-term stress, masking, or unmet support needs.
- **Epilepsy:** Seizure conditions that occur more frequently in autistic people and may require ongoing medical support.
- **Gastrointestinal conditions:** Issues such as chronic constipation, irritable bowel syndrome, reflux or abdominal pain, which are widely reported within the autistic community.
- **Learning difficulties (e.g., dyslexia, dyscalculia):** Specific differences in reading, writing or number processing.
- **Learning disabilities:** Differences in intellectual ability and adaptive functioning which may require additional support in daily life.
- **Hypermobility and Ehlers–Danlos syndromes (EDS):** Conditions affecting joints, flexibility, pain, fatigue and mobility.
- **Hormonal and endocrine-related experiences:** Differences or difficulties related to menstruation, pregnancy, menopause or other hormonal changes that may affect sensory, emotional or physical wellbeing.
- **ARFID, RSD, PDA profiles:**
  - **ARFID (Avoidant/Restrictive Food Intake Disorder):** A pattern of eating linked to sensory, interoceptive or anxiety-related differences, where certain foods or textures feel overwhelming or unsafe.
  - **RSD (Rejection Sensitive Dysphoria):** Intense emotional or physical responses to real or perceived rejection, criticism or disappointment.

- **PDA (Pathological Demand Avoidance / Persistent Drive for Autonomy):** A profile within the autism spectrum characterised by high anxiety around everyday demands and a strong need for autonomy and control.
- **Sleep regulation differences:** Differences in sleep patterns or the ability to fall asleep or stay asleep, often linked to sensory or neurological factors.

Recognising these co-occurring experiences is essential for designing services and supports that are holistic, responsive and person-centred.

## Oxfordshire's Autistic Community

Oxfordshire is home to a vibrant and diverse autistic community. In 2021, the county's population was 725,314, with around one in five residents identifying as disabled. National prevalence estimates suggest that up to 5% of the population may be autistic, which would equate to approximately 37,500 autistic people living in Oxfordshire.

This figure is based on national prevalence research rather than local diagnostic rates, and estimates vary depending on the methods used.

The 2023 Joint Strategic Needs Assessment (JSNA) recorded around 2,600 autistic pupils in Oxfordshire schools — a 9% increase from previous years. This rise reflects improved identification and awareness, as well as growing recognition of autistic strengths and needs within education settings.

It is important to note that school-based identification suggests higher prevalence within the local pupil population, and prevalence across the wider community is likely to be significantly higher than the 5% national estimate.

This strategy also recognises the wider context of neurodiversity, which describes the many natural variations in how people think, learn, communicate and experience the world. National estimates suggest that around 1 in 10 people in the UK are neurodivergent (Embracing Complexity Coalition, 2019). Autism is one part of this wider neurodivergent community.

Autistic individuals, carers and families in Oxfordshire shared the following strengths when asked what they value most about themselves and their community. These are captured in the image below:



On the following pages, you will find the six themes, shaped by the feedback received from autistic people and families, along with the “We will” commitments that show how we will respond.

## 1. Community awareness of Autism

Autistic people and their families describe a lack of visibility, understanding and acceptance within their local communities. This is often because public awareness campaigns and professional training can feel tokenistic or disconnected from real experience.

Public campaigns play an important role in reducing stigma. Although awareness of autism is now very high, understanding remains limited. Research shows that while 99.5% of people have heard of autism, misconceptions persist: more than one-third of UK residents still mistakenly believe autism is a learning disability, and 30% are unsure whether autism can be cured (Autism Alliance, 2024). These gaps in understanding reinforce negative stereotypes and highlight the need for targeted, accessible information shaped by autistic expertise.

Building genuine community awareness involves valuing diverse communication styles, recognising sensory needs, and respecting identity and language choices. It also means recognising and accepting autistic behaviours — such as stimming/movement, communication differences or seeking space, as valid human expressions, not behaviours to be managed or corrected. This shift in mindset is essential for creating environments where autistic people feel safe to be themselves.

Active allyship is also crucial. Allyship means individuals and organisations choosing to stand alongside autistic people: listening to autistic-led expertise, challenging misinformation and stereotypes, advocating for accessibility, and modelling inclusive behaviour. It is not a one-off action but an ongoing commitment to learning, reflection and meaningful change. True allyship helps create communities where autistic people feel genuinely seen, heard, respected and supported.

A truly autism-aware community makes inclusion visible in everyday life — from the way events are planned and public spaces designed, to how schools, services and community groups respond with empathy, flexibility and curiosity. This theme sets a clear expectation for cultural change, rooted in partnership, authenticity and accountability.

## **Personal experiences**

*“Empathy and understanding comes from people knowing each other in meaningful ways, NOT by segregation.”*

### **We will:**

Create a co-produced charter for local businesses, organisations and individuals to sign up to which:

### **Builds understanding through authentic resources by:**

- Providing autism-informed resources that are trauma aware evidence-based and co-produced with autistic people.
- Ensuring regular, high-quality and practical guidance is easily accessible.
- Promoting approaches that are trauma-informed, curiosity-led and authentic.

### **Centre autistic voices and increase visibility by:**

- Amplifying autistic voices by letting people tell their own stories.
- Co-produce campaigns, events and communications with autistic people so a wide range of experiences are represented.

### **Strengthen connection and share learning by:**

- Establishing a central website for resources
- Identifying and promoting best practice examples and guides of inclusion.

### **Commit to accountability and impact by:**

- Organisations signed up to the charter are accountable for supporting meaningful change and will have an appointed autism champion.
- Measuring the impact of the charter using learning, data and feedback from autistic people and families via the Oxfordshire autism website.
- Using the learning and data from the charter to influence policy and practice.

## **2. Supporting autistic children and young people, including through education and transition to adulthood**

Every autistic child and young person should be supported to thrive and become the most they can be, including through education and to be set up for later in life. Families, and professionals describe systems that feel fragmented, overstretched, and not yet equipped to recognise or respond to the full range of autistic experience. While many settings want to be inclusive, they often lack the resources, training and flexibility needed to make this happen consistently.

This is not only about supporting autistic people but about creating environments that meet every child and young person where they are, leading with curiosity and accepting differences. When systems and services respond early, communicate openly, and value individual difference, barriers are reduced, wellbeing improves, and young people are better equipped for the future. A diagnosis should never be a gateway to support; help should be needs-led and proactive.

There is a need for stronger accountability across the system, ensuring that every part works together with clear responsibilities, consistent standards and a shared commitment to improving outcomes. Families have emphasised the importance of early identification, high-quality and consistent autism-informed practice, and well-co-ordinated transitions into adulthood.

In practice, this means ensuring that:

- **Signs of support needs are recognised early**, without waiting for escalating difficulties or a diagnosis.
- **Families, children and young people are involved from the start**, with open communication and shared decision making.
- **All staff receive regular, practical autism informed training**, developed with autistic people and their families, where possible, focusing on communication differences, sensory needs and reasonable adjustments.
- **Education settings, health teams and social care are jointly responsible** for meeting statutory duties and delivering agreed actions, with transparent monitoring
- **Young people are prepared for life, not only exams**, including emotional wellbeing, independence, relationships and meaningful employment.
- **Transitions into adulthood are planned early**, with clear pathways into further education, employment, independent living and community life.

Delivering this requires sustained investment, honest communication, and genuine coproduction. It also requires celebrating good practice, building shared understanding, and recognising that small, practical adjustments can make a significant difference.

### **Personal experiences**

“I was made to feel "naughty" despite not being so”

“Loved school and learning. In gifted and talented programs. Completed year 6 curriculum a year early because I was so advanced. Felt so happy to be successful”

### **We will:**

#### **Build inclusion into every education setting by:**

- Making inclusion a shared responsibility
- Ensuring education settings are accountable for reasonable adjustments and inclusive practice, supported by the whole system to ensure a wide range of resources and knowledge are available.
- Providing timely, needs led support — including early identification and flexible interventions.

#### **Equip staff with knowledge and confidence by:**

- Investing in high quality, autism informed training that is co-produced with autistic people and families ensuring that leads to meaningful changes in practice
- Learn from best practice locally and nationally, including our local area partnership SEND improvement work to strengthen consistent practice.

#### **Transitions: support at every stage by:**

- Strengthening planning and communication at every transition point.
- Developing coordinated pathways into further education, employment, training and community opportunities.

- Provide varied opportunities for young people to participate in planning for their future and to advocate for themselves, setting up every young person to thrive for life and to be as independent as possible

#### **Improving services and support for children with SEND and their families by:**

- Working together across the SEND local area partnership to progress our improvement journey and SEND reform
- Exploring early help and multidisciplinary approaches that build shared understanding between children and young people, their families and other professionals
- Learning from best practice and evidence to shape future SEND and Inclusion strategy and services.

#### **Innovate, evaluate and be accountable by:**

- Exploring evidence-based tools and technologies that support learning and communication alongside relational practice
- Monitoring progress through listening to lived experience, outcomes and other feedback.
- Expecting partners to demonstrate how their work contributes to inclusion, wellbeing and successful preparation for adult life.

### **3. Health and Care needs (community and inpatient support)**

Autistic people, like anyone else, may need to access physical or mental health support at different points in their lives. However, autistic people are much more likely to experience mental health difficulties, often because of navigating environments and systems that are not yet designed with neurodivergent people in mind. These challenges are not caused by autism itself but by external factors such as sensory stress, communication barriers, stigma, trauma, and prolonged unmet need.

Research shows that a significant proportion of autistic people have a diagnosed mental health condition, yet many experience difficulties accessing services ([One in three autistic adults unable to access healthcare for potentially life threatening conditions - BSMS Young Ambassadors content gallery](#)).

Too often, support is offered only when someone reaches crisis. Autistic people are at higher risk of suicide than non-autistic people, up to 66% of autistic adults had thought about suicide during their lifetime, and up to 35% had planned or attempted suicide. This is due to several factors, including mental health distress/problems, social isolation, unemployment, the need to mask their true self/identity, difficulty in describing how they feel (Alexithymia), repetitive thoughts and lack of support. ([Suicide and Autism, a National Crisis. Autistic people and suicidality](#))

Autistic people and their families report that they are not taken seriously when raising concerns about their physical or mental health, with symptoms dismissed, misinterpreted, or attributed solely to being autistic. Along with many health services not being accessible, due to sensory environments causing overwhelm, unpredictable waiting areas, and appointment systems reliant on rapid communication or telephone use. These barriers can prevent people from seeking help early, lead to unmet health needs and contribute to poorer outcomes.

To improve outcomes, service remits must be reviewed to address the challenges autistic people face by recognising sensory and communication needs, adapting environments and processes, prioritising early help, and ensuring staff have the confidence and tools to provide autism-informed care.

Tools such as care plans, health passports and hospital passports are designed to support communication, highlight reasonable adjustments and keep autistic people safe. Making personalised plans visible, understood and routinely applied is essential for safe and person-centred healthcare.

Co-ordination across health, education and social care, smoother transitions between child and adult services, and clear accountability for delivering reasonable adjustments are required to improve experiences and outcomes for autistic people. To embed these changes, genuine co-production with autistic people and their families is needed, to shape services, feedback on what works, and develop solutions.

## **Personal experiences**

“Worried about physical health”

“Worried about perimenopause & menopause”

“Pregnancy is the first time I felt "other". Anxiety and depression, I am still on antidepressants years later. I wanted to ‘get it right’.”

## **We will:**

### **Train for change**

- Enhance the understanding and confidence of health and social care staff by delivering high-quality, autism-informed training.

### **Accessible adjustments**

- Ensure reasonable adjustments are not only identified but consistently implemented, reviewed and personalised.
- Design for inclusion when planning new services/pathways e.g. lighting, IT infrastructure.

### **Commission with accountability**

- Embed autism competence within commissioning practice by requiring all providers to demonstrate autism-informed approaches and a clear understanding of the autistic population.
- Set clear expectations around service access and inclusion for autistic people within contracts, and monitor delivery to ensure practice is inclusive, safe and meets agreed standards.

### **Increase awareness and meaningful use of health passports**

- Promote, support and monitor the meaningful use of health passports across all health and care settings, that are written by or with the person and their care givers.

### **Support before crisis**

- Strengthen collaboration across organisations to develop and maintain preventative pathways.

### **Recognising transitions**

- Improve understanding of the impact of different life changes, such as, puberty, ageing and menopause for autistic people.

## 4. Autism Assessment and Support

A diagnosis or confirmation can be deeply meaningful to some people, offering understanding, validation, identity, and a way to access the right support. For some, it brings relief; it can help make sense of experiences they have carried for years.

Autistic people and their families across Oxfordshire describe long waits, unclear pathways and inconsistent support when seeking an autism assessment. This experience can be confusing and distressing, especially when people are left without information, guidance or communication while they wait.

The assessment pathway must be transparent and supportive from the very beginning, ensuring consistent and concrete information is shared with all. As well as learning from feedback to continually improve services, quality monitoring will take place additional to the organisations that provide autism assessments being regulated and registered with CQC and/or OFSTED.

### Personal experiences

*Collective experiences:*

*“Support and empowerment for teaching staff to highlight early signs as parents may not be aware of autism”*

*“Clear and consistent information and communication is needed to make the assessment process easier for autistic people and their families”*

These lived experiences will help ensure our actions are grounded in what matters most to autistic people.

We know that achieving real improvement will require sustainable funding, clear responsibilities and strong collaborative working across health, education, social care, the voluntary sector and wider services. The system must shift towards early understanding and proactive support at every stage.

Everyone seeking assessment, undergoing diagnosis or accessing post-diagnostic support should experience:

- empathy and respect
- timely, accessible information
- consistent communication
- practical support that meets their needs
- pathways that are clear, coordinated and person-centred

This applies equally to adults, children, young people and families.

**We will:**

### **Improve pathways for assessment and support by:**

- Effectively using resources to increase support whilst waiting for an assessment and post-diagnostic support
- Developing an accessible, co-produced assessment and support pathway that reflects the lived experiences of autistic people and families.
- Ensuring emotional support, advice and reasonable adjustments are available, with transparent processes to access.
- Collecting and using regular feedback from autistic people, families and advocates to understand service quality, accessibility and timeliness.

### **Embed a needs-led approach by:**

- Working across education, health and social care so decisions are holistic and needs-led, not based on diagnostic labels.

### **Provide clear communication by:**

- Providing clear, consistent, concrete information at every stage — from referral through assessment to post-diagnostic support.

### **Strengthen training and workforce development by:**

- Enhance the diagnostic workforce

## **5. Employment and Housing**

Employment is an important part of life for many autistic people. It can offer independence, purpose, routine, and the opportunity to use strengths and talents. However, autistic people often face barriers long before they reach the workplace. These may begin in childhood and include misunderstanding in school, limited access to appropriate careers advice, sensory challenges in education and work settings, or recruitment practices that prioritise social performance over ability.

Many autistic people say they want to work but struggle to find employers who understand their needs or who recognise the value they bring. This is not due to a lack of willingness or capability, but because systems, workplaces and recruitment processes are often not designed with neurodiversity in mind.

### **Employment: what the research tells us**

The Buckland Review of Autism Employment (2024) gathered views from autistic people, employers, organisations and specialist support groups to understand how autistic people are recruited, supported and progressed at work. It identified significant barriers and made recommendations aimed at increasing autistic employment.

The findings show a clear inequality:

- Only **3 in 10** autistic adults are in employment
- Compared with **5 in 10** disabled adults overall
- And **8 in 10** non-disabled adults

It is also important to note that many people go through life unaware they are autistic. Employers therefore need practices that are inclusive and accessible regardless of diagnostic status.

## Supporting autistic people into employment

Supporting autistic people into meaningful and sustainable work requires personalised support, inclusive workplaces and greater understanding. Approaches that can help include:

- **Job coaching and mentorship:** personalised support to navigate workplace expectations, build confidence and develop skills.
- **Workplace accommodations:** adjustments such as flexible hours, sensory-friendly spaces, predictable routines and clear written communication.
- **Specialist training programmes:** including supported internships, skill development and volunteer opportunities.
- **Inclusive recruitment:** accessible interviews, work trials, advance questions, and initiatives such as Autism @ Work.
- **Supportive organisations:** access to autism charities, employment support services and vocational rehabilitation.
- **Workplace awareness:** training for managers and colleagues to reduce stigma and foster supportive, inclusive cultures.

The Get Oxfordshire Working Plan [mgConvert2PDF.aspx](#) highlights how support would be best utilised across systems and tackle inequalities in the workforce. Connect to Work [Connect To Work | Enterprise Oxfordshire](#) is a programme set up to support those with a disability into work and to sustain those positions.

## Self-employment

There are initiatives and information widely available relating to autistic people and employment. There is significantly less information focusing on autistic people that choose self-employment. For some autistic people, self-employment is a much more suitable and sustainable option, for the following reasons:

- Autistic people often have unique and specialist skills
- Self-employment can lead to greater confidence and self-esteem
- Self-employment can mean that some of the common challenges in working for and alongside others can be avoided.

## Housing

Housing can look different for everyone; it will vary based on a person's needs and preferences. In Oxfordshire the District Councils provide social housing, those who are eligible can access additional support with the process of obtaining and maintaining a tenancy. Supported Living is an option for autistic people that require support (and are Care Act eligible) but want to have their own home in the community, since June 2023, Oxfordshire County Council have had The Live Well Supported Services Framework, which currently has 58 Support Providers on, ensuring a range of expertise.

The Housing Needs Assessment was published in September 2024, which is a report of research undertaken by the Housing Learning & Improvement Network (LIN) for Oxfordshire County Council to provide a Specialist and Supported Housing Needs Assessment. The council has commissioned the Housing LIN to undertake an assessment of the future need, over the next 10-20 years, for specialist and supported housing and accommodation.

## **Autistic people and homelessness**

Emerging research shows that autistic people are more likely to experience homelessness. Studies suggest that autistic people are disproportionately represented in homeless populations, yet many remain undiagnosed and unsupported.

Homelessness can make it significantly harder to access an autism assessment. Without regular contact with services or the ability to provide developmental history, many autistic people cannot obtain a diagnosis — which may then prevent them from accessing the support needed to leave homelessness.

A London study of 106 homeless adults found that 12.3% met diagnostic criteria for autism yet only one person in the entire group had a previous diagnosis. This highlights the need for earlier identification, accessible assessments, and joined-up support between housing, health and social care.

## **Personal experiences**

“Being able to move out and live alone meant I could set my own routine without expectations from others. But lack of affordable housing meant renting in a house share where it became difficult managing conflicts with housemates.”

“No support. I don't "apply" as needing support because it looks like I'm fully independent. Burnout led to mental health crises, suicide attempts, breakdown of relationships, forced to move home with parents because I couldn't live alone. Completely lost all of my independence.”

## **We will:**

### **Strengthen employment support for autistic people**

- Access to job coaching and personalised guidance
- Mapping out clear pathways into work; including supported internships, volunteering and skill development
- Access to apprenticeship opportunities.

### **Review and improve recruitment and employment processes across all partner organisations with experts by experience**

- Review policies, procedures and workplace environments to remove barriers for autistic jobseekers and employees.
- Create/share toolkits and evidence-based approaches to improve accessibility, recruitment, onboarding and workplace culture.
- Educate employers about workplace accommodations/adjustments, offering practical guidance and training for employers, managers and colleagues to build confidence, reduce stigma and support autistic staff effectively.

## **Strengthen collaboration between employment, education, community organisations and support services**

- Ensuring autistic people receive consistent support during key transitions into adulthood and throughout their working lives.

## **Work with housing providers and related services**

- Ensure policies, communication, and support pathways are accessible, flexible and responsive to the needs of autistic people.
- Ensure information on housing options are easy to access and transparent in eligibility criteria.

## **Develop approaches that identify and support autistic people at risk of homelessness earlier**

- Ensuring autistic people can access assessments, support/advocacy and accommodation without unnecessary barriers.

## **6. Criminal Justice System**

What do we mean by Criminal Justice System? When we talk about the Criminal Justice System, we mean the system of law enforcement. The below bullet points include some examples of people you may meet, places you may need to attend and things you may need to do, (this list is not exhaustive):

- Police officers, solicitors, barristers, jury members, clerks, police administrators, appropriate adults, advocates, emergency call handlers, hospital staff, prison officers, Mental health workers, Approved Mental Health Practitioners (AMHP), social workers, forensic teams etc.
- Police stations, custody suites, court buildings, Section 136 place of safety, secure hospitals, prisons.
- Police interviews, police stop & searches, trials in court and capacity assessments.

This section may not apply to all, however, there is evidence to indicate that 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 know from the [APPGA inquiry](#) that they often have poor experiences of these systems, there are many reasons for this, including poor understanding of autism among professionals as well as challenges with getting adjustments they need to engage in processes.

Further findings from the APPGA inquiry have highlighted that autistic people often find prison environments overwhelming because they can be noisy, brightly lit and cause sensory distress. The inquiry found that prison staff do not always understand people's needs or miss those who may be undiagnosed. Additionally, autistic people in the criminal justice system often struggle to access support or the health and social care services they may need, including support they may require on leaving custody, making transitions back into the community more challenging.

Adjustments must be made to processes and recognised early on, to support autistic people to process the situation and engage with the system. Adjustments should not be dependent on proof of a diagnosis, based on the principle 'innocent until proven guilty' autistic people should not have to prove themselves autistic to access basic adaptations that will enable their participation, ease overwhelm and anxiety and prepare them for a safe transition back in to the community.

If other areas in this strategy are implemented correctly around the systemic changes, autistic people encountering the criminal justice system could be significantly reduced. By providing early identification, diagnosis or confirmation, appropriate and active support in all areas, there would likely be a reduction in offending rates as people's needs would be met.

**We will:**

**Understand the experience of the Criminal Justice System for autistic people by:**

- Identifying the autistic population that are currently involved with the Criminal Justice System locally.
- Understanding what existing provisions and support services there are within Oxfordshire and out of county
- Work systemwide to ensure that local priorities, strategies and commissioning intentions are aligned to meet the needs of potential and actual young offenders with autism.

**Provide resources and support for the Criminal Justice System by:**

- Introducing autism champions within services
- Upskilling staff knowledge of autism
- Ensuring a neurodivergent specialist is embedded within the teams or available to teams working with those on county lines and directly with autistic people.
- Improving autistic people's access to adjustments and support and help make environments like prisons and probation services easier to cope within.
- Driving better access to health and social care services for those in contact with the criminal and youth justice systems, including the support they may need as they leave custody.

## **Conclusion**

This strategy sets out a shared commitment for the next five years, to making Oxfordshire a place where autistic people of all ages are respected, understood and supported to thrive. Its success will depend on sustained partnership, meaningful co-production, and collective accountability across services, communities and organisations. Through the six priority areas, the accompanying action plan, and the leadership of autistic people and experts by experience, we will work together to remove barriers, strengthen inclusion and create lasting change that improves lives now and in the future.

# Autism Strategy Glossary

*(Including additional relevant terms from the Oxfordshire SEND Local Offer glossary)*

## Core Terms

### Access to Work

A government scheme offering financial and practical support to help disabled people, including autistic adults, start or stay in work. It can fund job coaching, assistive technology, communication support at interviews, or help with travel where public transport is difficult.

### Advocacy

Advocacy can be a formal service provided by a specialist service provider (the council does commission advocacy services, please check the website for the current provider details). Advocacy can also be informal support that is provided by a friend or family member helping to get a person's point of view across and their preferences taken into consideration when making decisions.

### Alternative Provision (AP)

Education arranged for children and young people who cannot attend mainstream school full-time. This may be due to anxiety, exclusion, medical needs or other reasons. Many autistic children experience AP at some point, making inclusion and early support essential.

### Attention Deficit Hyperactivity Disorder (ADHD)

A neurodevelopmental condition that can co-occur with autism. It affects focus, impulse control and activity levels. Some autistic people may identify as AuDHD, which is when you have autism and ADHD.

### Autism Spectrum Condition (ASC) / Autism Spectrum Disorder (ASD)

Clinical diagnostic terms used in health services to describe autism. Although widely used in clinical pathways, many autistic people find “disorder” language unhelpful. This strategy uses **identity-first, neuro-affirming language**, recognising autism as part of a person’s identity.

### Child and Adolescent Mental Health Services (CAMHS)

NHS services that assess and support children and young people with mental health needs. CAMHS plays a major role in supporting autistic young people, including through neurodevelopmental assessments.

### Dynamic Support Register (DSR)

A health and social care register identifying autistic people and people with learning disabilities at risk of admission to a mental health hospital. The aim is early planning and support to prevent crises and reduce avoidable hospital stays.

## **Education, Health and Care Plan (EHCP)**

A legally binding plan for children and young people aged 0–25 who need more support than is normally available in their setting. It sets out the individual's needs and the provision required to meet them across education, health and social care.

## **Education, Health and Care Needs Assessment (EHCNA)**

An assessment carried out by the Local Authority to determine whether a child or young person needs an EHCP. It gathers information from professionals, the family and the child or young person themselves.

## **Education Other Than at School (EOTAS)**

Education provided somewhere other than a school when attending a setting is not appropriate. This can be significant for autistic children whose needs cannot be met in school environments.

## **Graduated Approach**

The cycle of “assess, plan, do, review” used by education settings to identify needs and provide support. It is a cornerstone of early support for autistic pupils in mainstream schools.

## **Joint Strategic Needs Assessment (JSNA)**

A local assessment of current and future health and wellbeing needs in Oxfordshire. Data on autistic children, young people and adults inform planning and priority setting for this strategy.

## **Neurodevelopmental**

Refers to the way a person's brain develops and functions, influencing how they think, learn, communicate, move and experience the world. Neurodevelopmental differences, such as autism, ADHD or developmental coordination disorder, begin in childhood and continue throughout life. These differences are part of a person's neurology and are not the result of parenting, environment or behaviour.

## **Neurodevelopmental Diagnostic Clinic (NDC)**

A specialist NHS clinic (often within CAMHS) that assesses for autism, ADHD and other neurodevelopmental conditions.

## **Ordinarily Available Toolkit (OAT)**

Guidance setting out the support mainstream schools should typically provide for children and young people with SEND, including autistic pupils, *without* the need for an EHCP. It describes inclusive practice expected of all settings.

## **Reasonable Adjustments**

Legal duties requiring organisations—including schools, health services and employers—to remove barriers that prevent disabled people, including autistic individuals, from accessing

services. Examples include flexible appointments, sensory-friendly environments and clear written information.

## **SEND Transformation Programme**

Oxfordshire's improvement programme following the Ofsted/CQC inspection, aimed at strengthening early identification, improving coordination, and ensuring consistent, inclusive, needs-led support for children and young people with SEND, including autistic children.

## **Strategic Improvement and Assurance Board (SIAB)**

Oxfordshire's SEND board responsible for overseeing improvement and holding the Local Area Partnership to account. It monitors delivery of action plans, including those linked to this Autism Strategy.

## **Autism Improvement Board**

A dedicated board within Oxfordshire's Local Area Partnership that oversees the delivery of the All-Age Autism Strategy. It brings together autistic people, families, the Local Area Partnership, education, health, social care and community partners to monitor progress, drive system-wide improvement, and ensure accountability for actions that support autistic children, young people and adults.

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## **Thematic Terms**

### **Community Awareness**

Actions to build public understanding, reduce stigma and promote acceptance of autistic people across community spaces, workplaces and services.

### **Education**

Support, inclusion and reasonable adjustments for autistic children and young people in early years settings, schools, colleges and higher education.

### **Employment**

Programmes and support that help autistic people access, secure and sustain meaningful work, including job coaching, supported internships and workplace adjustments.

### **Health and Care Needs**

Physical and mental health support for autistic people across primary care, community services, acute hospitals and mental health settings.

### **Housing**

Support to access safe, appropriate housing options, including supported living, social housing and independent accommodation.

## **Inequalities**

Differences in access, outcomes or experiences faced by autistic people due to systemic, social or environmental barriers.

## **SEND (Special Educational Needs and Disabilities)**

Support for children and young people with additional needs as outlined in the Children and Families Act 2014 and SEND Code of Practice.

## **Transitions**

Key life stages such as moving between schools, entering adulthood, starting work or accessing adult services. Effective transitions planning is essential for autistic people

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## **Process & Engagement Terms**

### **Action Plan**

A detailed plan setting out actions, timelines, responsibilities and measures used to deliver the Autism Strategy.

### **Co-production**

Working *with* autistic people, families and carers as equal partners throughout design, decisionmaking and delivery. This strategy has been co-produced.

### **Consultation**

Gathering views and feedback from autistic people, families, practitioners, communities and partners to shape decisions.

### **Experts by Experience**

Autistic people and carers who share their lived experience to shape strategy, services and decision-making.

### **Monitoring and Evaluation**

How we track progress, measure outcomes and assess the impact of the strategy over time.

### **Local Area Partnership (LAP)**

The partnership responsible for SEND in Oxfordshire, made up of:

• **Oxfordshire County Council** • **NHS Thames Valley Integrated Care Board (TV ICB)** which includes **Oxford Health NHS Foundation Trust** and **Oxford University Hospitals NHS Foundation Trust (OUH)** • **Oxfordshire Parent Carers Forum (OxPCF)**, representing parent carer voices • **Education leaders, schools and settings** • **SEND Youth Forum representatives**

The LAP jointly plans, delivers and monitors services for autistic children, young people and adults.

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## Further Reading and Resources

This strategy is supported by a broad range of evidence, research and lived-experience-led insight.

The resources below offer additional information on autism, neurodiversity, co-production, inclusive practice, and the design of supportive services.

### Understanding Autism and Neurodiversity

- **National Autistic Society – What is Autism?**

<https://www.autism.org.uk/advice-and-guidance/what-is-autism>

- **Autistic UK – Neurodiversity and Language Guidance** <https://autisticuk.org> • **National Development Team for Inclusion (NDTi) – Autism and Neurodiversity**

### Resources

<https://www.ndti.org.uk>

- **The Spectrum Wheel – Accessible Explanation (Simply Psychology)**

<https://www.simplypsychology.org/autism-spectrum.html> • **Devon County Council – Autism**

**Wheel Tool** <https://www.devon.gov.uk>

- **The Art of Autism – ‘Understanding the Spectrum’ Comic** <https://the-art-of-autism.com/understanding-the-spectrum-a-comic-strip-explanation/>

### Neuro-affirming Practice

- **The Neurodiversity Podcast** <https://www.neurodiversitypodcast.com>

- **Neurodivergent Insights – Neurodiversity Education**

<https://www.neurodivergentinsights.com> • **AASPIRE Healthcare Toolkit (Autistic**

**Adults)** <https://autismandhealth.org> • **British Psychological Society – Autism**

**Position Statements & Guidance** <https://www.bps.org.uk>

### Policy, Reviews and National Guidance

- **The Buckland Review of Autism Employment (2024)**

<https://www.gov.uk/government/publications/buckland-review-of-autism-employment>

- **National Autism Strategy for England (2021–2026)**

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

- **NHS Long Term Plan – Autism and Learning Disability** <https://www.longtermplan.nhs.uk>
- **SEND and Alternative Provision Improvement Plan (DfE)**

<https://www.gov.uk/government/publications/send-and-ap-improvement-plan>

### Education and Inclusion • **Ambitious about Autism – Education Resources**

<https://www.ambitiousaboutautism.org.uk> • **Autism Education Trust (AET) – Inclusive**

**Practice Frameworks** <https://www.autismeducationtrust.org.uk> • **Council for Disabled**

**Children – Participation & Inclusion** <https://councilfordisabledchildren.org.uk>

### Employment

- **Autism @ Work – Inclusive Employment Frameworks** <https://disabilityin.org/autism-at-work-roundtable>

- **Job Accommodation Network – Workplace Adjustments Guidance** <https://askjan.org> • **BASE (British Association for Supported Employment)** <https://www.base-uk.org>

## Health and Wellbeing

- **NICE Guidelines on Autism (Children, Young People and Adults)** <https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behaviouralconditions/autism>
- **Autistica – Autism Research and Health Insights** <https://www.autistica.org.uk> • **Mind – Neurodiversity and Mental Health** <https://www.mind.org.uk>

## Local Support in Oxfordshire

- **Oxfordshire Parent Carers Forum (OxPCF)** <https://oxpcf.org.uk>
- **Autism Champions** <https://www.autismchampions.co.uk>
- **Response – Mental Health and Autism Services** <https://www.response.org.uk>
- **Oxfordshire SEND Local Offer** <https://www.oxfordshire.gov.uk/residents/children-education-and-families/special-educationalneeds-and-disability-local-offer>
- **SENDIASS Oxfordshire – Information, Advice and Support Service** <https://sendiass-oxfordshire.org.uk> • **AFSO** <https://www.afso.org.uk>
- **Oxfordshire SEND Improvement** <https://www.oxfordshire.gov.uk/children-and-families/oxfordshire-send-local-offer/sendstrategy/send-improvement>
- **OxFSN** • **Carers Oxfordshire** • **Oxfordshire MIND** • **Oxfordshire Youth**