

# Cabinet Supplementary Agenda



**7. Addressing the costs of care and support for unaccompanied asylum seeking children and young people in Croydon (Pages 3 - 18)**

Cabinet Member: Cabinet Member Children, Young People & Learning, Councillor Alisa Flemming

Officer: Interim Executive Director Children, Families & Education, Debbie Jones

Key decision: no

**8. Autism Strategy (Pages 19 - 76)**

Cabinet Member: Cabinet Member for Families, Health & Social Care, Councillor Janet Campbell and Cabinet Member for Children, Young People & Learning, Councillor Alisa Flemming

Officer: Director of Operations – Health, Wellbeing & Adults, Annette McPartland

Key decision: yes

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<b>REPORT TO:</b>	<b>CABINET</b> <b>7<sup>th</sup> JUNE 2021</b>
<b>SUBJECT:</b>	<b>Addressing the costs of care and support for unaccompanied asylum seeking children and young people in Croydon</b>
<b>LEAD OFFICER:</b>	<b>Debbie Jones, interim Executive Director, Children, Families and Education</b> <b>Kerry Crichlow, interim Director Improvement and Quality, Children, Families and Education Department</b>
<b>CABINET MEMBER:</b>	<b>Councillor Alisa Flemming, Cabinet Member Children, Families and Learning</b>
<b>WARDS:</b>	<b>All</b>

## **SUMMARY OF REPORT:**

Croydon Council is proud of the support provided to unaccompanied asylum seeking children and young people that has enabled them to thrive and reach their potential.

However the location of the Home Office Asylum Intake Unit at Lunar House makes Croydon a national point of entry for unaccompanied children and with that the majority bearer over many years of the nation's costs for safeguarding and caring for these vulnerable children and young people. This has created a sustained, substantial financial challenge for the council, estimated at £7.6 million in 2020-21.

With the intense pressure on Croydon's finances the council cannot continue to support and accommodate the high numbers of children and care leavers that has been the pattern for many years.

Under the National Transfer Scheme, administered by the Home Office, it is intended that unaccompanied children are transferred equitably to councils' care on arrival. Councils should only take care responsibility for 0.07% of their 0-17 child population. The NTS is voluntary and many councils do not take part, or do not accept children up to the 0.07% number. For Croydon's population that would mean the council would be responsible for 66 children. As at 30<sup>th</sup> April 2021 205 children, over three times that number, were in Croydon's care alongside 439 care leavers who were previously unaccompanied children, over 57% of the total cohort of 18-25 year olds.

A number of meetings have been held since December 2020 with officials from the Home Office, Department for Education and MHCLG to secure practical support for Croydon to relieve the acute financial pressures the council is carrying. Detailed modelling based on the children and young people currently in the council's care, assuming delivery of the actions agreed with central government departments, has indicated that if Croydon were to accept no new unaccompanied children into our care for a minimum of two years the number of under 18's would naturally reduce to 66 by 2023/24.

However as a consequence of the high numbers of unaccompanied children previously cared for who are now care leavers an estimated budget gap of over £4m a year would still fall to the council over 2021/22- 2023/24. Additional savings in addition to those in the Medium Term Financial Strategy would need to be made.

24 London Directors of Children's Services have agreed to extend the pan-London rota to children under-16 for three months as a window of opportunity for a long term, sustainable solution for Croydon to be agreed with central government. The impact on the council's ability to discharge its statutory duties to all children and families in the borough as a result of the disproportionate costs requires a unique solution that addresses the consequences of unfunded care for unaccompanied children over a number of years by the council.

**POLICY CONTEXT:**

This report aligns to the following Croydon Renewal Plan priorities:

- We will live within our means, balance the books and provide value for money for our residents.
- We will focus on providing the best quality core service we can afford. First and foremost, providing social care services that keep our most vulnerable residents safe and healthy.

**FINANCIAL IMPACT:**

Current modelling of the net cost of Asylum Seekers to Croydon over three financial years, from 2021/22 indicates a cost to the Council of over £13 million, taking into account both a reduction of the current number of unaccompanied asylum seeking children in our care and additional financial support offered by the Home Office.

**KEY DECISION: NO:** this is not a key decision

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out below:

**1. RECOMMENDATIONS:**

- 1.1 Note the actions to secure support from central government and from London boroughs to relieve the disproportionate costs of care and support for unaccompanied children and young people incurred by the residents of Croydon.
- 1.2 Note the significant budget gap of £13.278 million forecast over 2021-24 despite the above actions.
- 1.3 Note the additional impact this will have on the council's borrowing from the government, including additional interest.

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| 1.4 | Recommend this report for review and challenge at the Scrutiny and Overview Committee.                        |
| 1.5 | Note that the council reserves the right to take further action to address the issues set out in this report. |

## **2. Background**

- 2.1 Croydon Council is proud of the support provided to unaccompanied asylum seeking children and young people. High quality social care services have enabled children to thrive and reach their potential. Staff expertise in meeting the needs of unaccompanied children has been recognised regionally and nationally.
- 2.2 The location of the Home Office Asylum Intake Unit (AIU) at Lunar House has made Croydon a national point of entry for asylum seekers including families and unaccompanied asylum seeking children (UASC). The AIU serves a national and regional role for unaccompanied children arriving to claim asylum in the United Kingdom. In effect, the people of this borough have had to take responsibility on behalf of the nation and the London region for the safeguarding and care costs of unaccompanied children and young people.
- 2.3 For many years Croydon has taken care responsibility for all children under the age of 16 years arriving at Lunar House. Through a well-established pan-London rota participating boroughs have supported Croydon by accepting new entrants aged 16 and 17, with the rota administered by Croydon's staff.
- 2.4 Under the National Transfer Scheme (NTS), administered by the Home Office, it is intended that unaccompanied children are transferred equitably to councils' care on arrival. Councils should only take care responsibility for 0.07% of their 0-17 child population. The NTS is voluntary although there was a national consultation in autumn 2020 on making the scheme mandatory which has yet to report. Nationally many councils do not take part, or do not accept children up to the 0.07% number. For Croydon's population that would mean the council would be responsible for 66 children. As at 30th April 2021 205 children, over three times that number, were in Croydon's care alongside 439 care leavers who were previously unaccompanied children, over 57% of the total cohort of 18-25 year olds.
- 2.5 Despite the effective lobbying led by Croydon over 2019 to uplift grant rates for councils with UASC rates at or above 0.07% of the child population in 2020-21 there was still a significant budget gap estimated at £7.475m between the grant income received from the Home Office and the actual expenditure on unaccompanied children and care leavers who were formerly UASC.
- 2.6 In October 2020 the council's external auditors published a Report in the Public Interest which was highly critical of the council's financial management

and governance. Particular concerns were raised with regard to the recurrent and substantial overspend on unaccompanied children and young people and the resulting damaging impact on the council's financial position over time.

- 2.7 The council has secured a capitalisation direction of £120m over 2020/22 to balance the budget. This is a loan to be repaid with interest and is conditional on delivering substantial savings across the council to keep spend within budget and retain the confidence of the Secretary of State through quarterly reports from the Improvement and Assurance Panel. If that is not maintained, the Ministry of Housing, Communities and Local Government (MHCLG) have reserved the right to appoint commissioners.
- 2.8 Both the historic and on-going underfunding of the costs of the disproportionate numbers of unaccompanied children and care leavers are a direct contributor to the Council's current financial difficulties.
- 2.9 Modelling estimates that almost £7.5m of additional costs were incurred in 2020/21 that will have been included in the £70m loan from central government for that year. The medium term financial strategy the Full Council recently agreed as part of the budget for 2021/22 includes these underfunded costs to 2024. This significantly contributes to the need to borrow the £150m the council has requested from MHCLG as a capitalisation direction. Cabinet will be aware that £120m has been agreed to date with the remaining monies to be discussed as part of the comprehensive spending review in the autumn of this year. Cabinet will also be aware that any funds that are used in the financial support from government carry an interest charge.
- 2.10 The context, modelling and conclusions set out in this report have twice been scrutinised and challenged by the MHCLG Improvement and Assurance Panel in recent months. The challenges posed by the Panel and the exploration of solutions to the budget pressures were particularly helpful in developing the recommendations.

### **3. Action to address the disproportionate costs to Croydon**

- 3.1 A number of meetings have taken place since December 2020 with the Home Office, the Department for Education (DfE) and MHCLG to discuss long term solutions to the disproportionate financial demands on the borough. Financial modelling over 2020/24 based on the number of children and young people currently in Croydon's care has been shared with and scrutinised by central government officials.

#### **Central government action**

- 3.2 In March 2021 Croydon set out specific requests to the Home Office, MHCLG and DfE officials that resulted in the following agreements and actions:
  - 1. The Home Office have led negotiations with other councils where Croydon has placed children to transfer full care responsibility to the host borough.

Children will remain in their homes and schools, but financial and care responsibility will be transferred. Of the 86 children and young people currently placed out of borough, 76 are in London. As at 14<sup>th</sup> May 2021 21 transfers have been agreed in principle with work underway between the respective social work teams to support the children and their foster carers to take this forward.

2. Croydon staff to review children most recently accepted into Croydon's care to identify any who could be transferred to other local authorities under the NTS. Any move would be carefully assessed by social workers as in the child's best interests, as even in a short period of time children can become settled and secure. Since April 2021 with the support of the Home Office 5 children have transferred to councils outside London through the NTS.
3. Croydon's age-assessment team will be seconded to the Home Office and the team will operate on a regional footing. This will reduce revenue costs by approximately £390,600 per annum. The secondment is proposed for 12 months in the first instance.
4. The Home Office will fund the duty social work service at Lunar House together with the costs of drinks and snacks for children awaiting interviews. This will reduce revenue costs by approximately £204,000 per annum.
5. The Home Office will deliver virtual immigration interviews to address the bottleneck of decisions for children and young people in the council's care. This will enable social workers to better support young people to plan appropriately for their futures.

- 3.3 Central government colleagues have worked in close collaboration with officers from the council on these issues and we are grateful for their hard work and the decisions taken to date. However, there is much more to be done to secure a sustainable solution for the council.

### **Regional action**

- 3.4 The interim Executive Director Children, Families and Education took a paper to the Association of London Directors of Children's Services (ALDCS) on 22nd March 2021 with the following requests:
- To be supportive of the approach from the Home Office NTS team to accept care responsibility for Croydon children placed in their area where there is capacity within the 0.07% of the local child population (0.08% in labour-controlled boroughs)
  - To extend the pan-London rota to offer same day placements to all newly arrived children at Lunar House for a period of three months, as an interim measure, whilst a longer term solution is agreed with central government
- 3.5 Concern was expressed that if the pan-London rota were extended to under-16s the London region, which already cares for over 30% of the nation's unaccompanied children, would be providing a solution that by rights should

be tackled by central government through the NTS to distribute care responsibilities fairly across the country.

- 3.6 To secure agreement to these requests the interim Executive Director Children, Families and Education wrote to all London DCS's formally requesting their support. The interim Chief Executive has also wrote to her London counterparts with the same request, and through the London Councils Leaders' network the Council Leader has raised the issue and had discussions with several of her peers.
- 3.7 24 London boroughs have confirmed they will be part of an extended rota for newly arrived children under 16 for a three month period, operational from 1<sup>st</sup> June 2021. This will be on the basis of same day transfer to a placement in a participating London borough as is already in place for 16-17 year olds, with the receiving borough assuming care responsibility for the child. Children will be supported throughout the transfer by the social work duty team at Lunar House.
- 3.8 This fixed period of extended, practical support from the London region is extremely welcome. The London Directors have been clear that this is a window of opportunity to enable a long term, sustainable solution for Croydon to be agreed with central government. After three months if no alternative is agreed Croydon will again become responsible for new unaccompanied under 16s.

#### **4. Supporting children through change**

- 4.1 To ensure that there is a strong focus on the child's best interest through any changes the Service Manager and his team have worked with the London UASC Strategic Lead to devise bespoke arrangements. For both options set out in section 2 above a detailed transfer proforma has been developed to be completed by the child's social worker that includes background information, health and education records, any risk assessments completed and details of the child's placement. Together with the child's care plan this forms the factual basis for a professional discussion between social care staff in Croydon and the receiving borough to support the child through change.
- 4.2 For the 21 children placed out of the borough by Croydon the child will stay in the same foster or semi-independent placement and attend the same school or college. In accepting full care responsibilities the receiving council will take over placement contracts. Where the child is placed with a Croydon in-house foster carer the fostering service has worked up a schedule of charges to cover full costs including the continued support for carers from their supervising social workers. Following transfer the child will then remain in the care of the receiving borough, taking into consideration the outcome of any application they have made to remain in the UK.
- 4.3 Independent reviewing officers (IROs) are allocated to all children in care with a role to ensure that the care plan for the child fully reflects the child's needs,



and that each child's wishes and feelings are given full and due consideration in their care plans and in the formal child looked (CLA) after reviews. The receiving borough will assign an IRO as well as a social worker to each child. The IROs from each borough are working together to ensure the best interests of the child are paramount. Where the child's needs are more complex or the CLA review coincides with the planned transfer of responsibility then this will be arranged with joint participation.

- 4.4 The temporary extension of the pan-London rota to under 16s will be administered by the duty social work team who will make direct contact with the receiving borough's operational team to arrange the transfer, which is usually arranged on the same day. The duty team will complete as much of the transfer form as possible and accompany the child to the receiving borough where it will be completed.

## 5. Updated financial modelling

- 5.1 The modelling and projections have been refreshed to reflect the impact of the actions outlined above. The following assumptions have been included in the refresh:

- Croydon takes no new arrivals into its care from this point onwards
- Reduced revenue costs of £390,600 per annum to reflect the secondment of the age-assessment team to the Home Office for the rest of this financial year from mid-June 2021
- Reduced revenue costs of £204,000 per annum to reflect the costs of the duty service and subsistence for children and young people
- An estimated reduction of 30 out of the 86 children placed out of borough (21 agreed as at 14<sup>th</sup> May 2021)
- An estimated reduction of 10 children already in Croydon's care through the NTS (5 have taken place as at 27<sup>th</sup> May 2021)

- 5.2 Applying these additional revenue contributions and assumptions to the financial modelling the following revised forecast has been prepared:

<b>Scenario: reduction of 40 UASC and no new entrants</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>	<b>Total</b>
Cases:				
< 18	170	81	66	
> 18	476	522	509	
<b>Net cost £'000:</b>	<b>5,246</b>	<b>5,652</b>	<b>5,507</b>	<b>16,405</b>
Net effect of case reduction	-150	-732	-1,242	-2,124
Age Assessment Team*	-321	-69		-391
Daily Home Office Duty**	-204	-204	-204	-613
<b>Net cost £'000:</b>	<b>4,571</b>	<b>4,646</b>	<b>4,061</b>	<b>13,278</b>

Table 1

\*1 year only agreed

\*\*Team includes 4 FTE

- 5.3 As can be seen from Table 1:
- With no new arrivals the under-18 unaccompanied child population will reduce to 66 or 0.07% in 2023/24
  - An overall net cost of £13.278m over 2021-24 remains. The additional costs vary between £4.57-£4.06m per annum and are mainly due to the high numbers of care leavers who were formerly unaccompanied children. The grant rate for care leavers is £240 per week or £12,480 per annum. Modelling indicates an annual cost to Croydon of £23,179, a funding gap of £10,699 for every young person in our care.

## 6. The costs of care

- 6.1 The reduced infrastructure costs such as the age assessment and duty service have been factored into the refreshed modelling. The key issue for Croydon is volume, the number of children cared for as this drives the staffing costs of providing a statutory service to children in care and care leavers.
- 6.2 Both the MHCLG Rapid Review and the Improvement and Assurance Panel challenged the placement costs for unaccompanied children and young people, with the suggestion that Croydon pays too much for these placements. To test this the average weekly accommodation costs for unaccompanied and local children in Croydon's care over 2020-21 have been calculated:

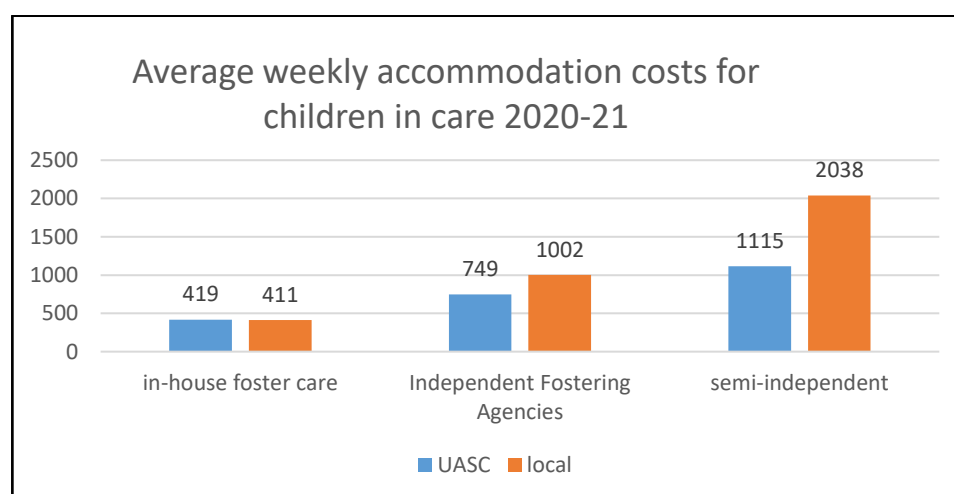


Table 2

- 6.3 As can be seen from Table 2 average in-house foster care costs are broadly the same per week for local and unaccompanied children respectively. The differential in average costs for external providers is more significant. The average weekly costs for both independent fostering agencies and semi-independent accommodation are lower for unaccompanied children than for local children.
- 6.4 Providers set the cost of placements based upon the level of support assessed as required to accommodate and care for a child or young person. Some evidence suggests that unaccompanied children present with less

complex placement needs and this is reflected in the prices charged by providers. Wrap-around support to meet individual children's additional needs may be commissioned separately.

- 6.5 As part of the MTFS saving to reduce spend on children in care an accommodation strategy is being implemented to reduce costs and improve value for money. Placements for all children in care including unaccompanied children and care leavers will benefit from this focused work. The savings for this workstream are £794,000 in 2021/22.

## **7. The consequences of unfunded care**

- 7.1 The financial crisis means that Croydon cannot continue to accept new arrivals if the number of children cared for is to be reduced to 0.07% of the child population, the government's own threshold, within the timeframe of the capitalisation loan.
- 7.2 To put the consequences of this unfunded care in perspective, the projected budget gap of £4.6m in 2021/22 is the equivalent of over 70 social workers. Croydon Supporting Families Service which carries out all statutory child and family assessments following a referral to the council is made up of 40 social workers. The children looked after service, the biggest in London, currently has just over 70 case holding social workers including the UASC teams. To make savings of this magnitude every year for three years in addition to the MTFS savings already agreed would significantly impact on the council's ability to discharge its statutory duties to all children and families in Croydon; to provide help and protection to children in need and safe effective services to all children in care and care leavers and this is why these steps are being considered as a way forward.
- 7.3 The challenge to recruit and retain social workers is being felt across the care sector and is of particular concern in Croydon. There are currently a number of unfilled vacancies and caseloads in some services have begun to rise. The consequence of continuing to accept newly arrived children will put further pressure on the social care workforce.
- 7.4 At the meeting with central government officials in March 2021 the Home Office was asked to broker same-day placements for under-16's arriving at Lunar House through the NTS. The offer made is to include newly arrived under-16s on the NTS for placement, with Croydon retaining parental responsibility until children are transferred to the receiving borough. This still requires the council to provide social care support and a placement in foster care until transfer takes place, with these costs falling to the council. There is also the risk of judicial review to challenge moves from Croydon on to another council.
- 7.5 Whilst actions have been agreed to reduce the numbers of children under 18 in Croydon's care the revised modelling shows that the consequence of unfunded care costs will be borne for many years because of the high

numbers of unaccompanied children who then go on to become care leavers. Two transfers of out of borough placements for children nearly 18 have been declined. The low flat grant rate for care leavers appears to be a disincentive with the costs of the London housing market. Furthermore, young people are more likely to be settled in the borough, attending school in friendship groups and planning for further or higher education. Physical transfer to another borough is less likely to be in the young person's best interest given their prior experiences and journeys to the UK.

- 7.6 A different solution to the disproportionate financial strain relating to care leavers needs to be agreed which can only really be additional funding from government to move away from the low flat rate and properly support the full costs of care until Croydon's current cohort of care leavers are 25, as set out in table 1.

## 8. Future scenarios

- 8.1 The revised modelling of the trajectory of unaccompanied children in Croydon's care based on the current cohort of children assumes that no new children come into Croydon's care. There are two possible scenarios to achieve this:

<p><b>Scenario 1</b></p> <ul style="list-style-type: none"> <li>• Under 16's transfer through the NTS</li> <li>• 16-17 year olds transfer through pan-London rota</li> <li>• Croydon accepts responsibility until NTS transfer completed</li> <li>• UASC numbers reduce to 0.07% by 2024</li> </ul>	<p><b>Consequences</b></p> <ul style="list-style-type: none"> <li>• Croydon incurs costs for support and accommodation for under-16s until NTS transfer</li> <li>• Does not address additional costs of care leavers</li> <li>• Additional revenue costs not funded estimated at £13.1M over 2021/22 – 2023//24 plus the costs of short term care and accommodation (see table 1)</li> <li>• Capitalisation direction requirements in jeopardy; income does not cover expenditure</li> <li>• Unable to respond to the Report in the Public Interest effectively</li> <li>• Additional savings impact on the ability to provide safe services for all children and families in Croydon</li> <li>• Risk of judicial review of transfers via NTS if first accommodated in Croydon</li> </ul>
<p><b>Scenario 2</b></p> <ul style="list-style-type: none"> <li>• Croydon suspends statutory duties and accepts no new under-16s</li> <li>• 16-17 year olds transfer through pan-London rota</li> <li>• UASC numbers reduce to 0.07% by 2024</li> </ul>	<p><b>Consequences</b></p> <ul style="list-style-type: none"> <li>• Does not address additional costs of care leavers</li> <li>• Additional revenue costs not funded estimated at £13.1M over 2021/22 – 2023//24 plus the costs of short term care and accommodation (see table 1)</li> </ul>

	<ul style="list-style-type: none"> <li>• Capitalisation direction requirements in jeopardy; income does not cover expenditure</li> <li>• Unable to respond to the Report in the Public Interest effectively</li> <li>• Additional savings impact on the ability to provide safe services for all children and families in Croydon</li> <li>• Risk of legal challenge to the suspension of statutory duties</li> </ul>
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Table 3

- 8.2 It must be noted that transfers through the NTS are dependent on other councils' agreement to accept children. They cannot be guaranteed on the day of arrival. Croydon would remain responsible for the care and support of children pending transfer, and would also potentially be open to the risk of legal challenge to the transfer of these responsibilities.
- 8.3 As an illustration, over the summer of 2020 both Kent and Portsmouth councils suspended statutory duties in response to their rapidly changed circumstances. This meant that the additional staffing and accommodation costs of caring for children whilst waiting for transfer through the NTS were not met by the councils as they did not take care responsibility for the children and young people on arrival.
- 8.4 In both scenarios the consequence of many years of high numbers of unaccompanied children cared for by Croydon who become care leavers is laid bare. Over the lifetime of the capitalisation direction even if Croydon accepts no new children into its care the estimated deficit is almost £13.3m. With the stringent conditions placed on the capitalisation direction this is unaffordable and untenable. Unless this budget gap is closed savings will need to be made elsewhere to balance to budget. This will severely impact on the Council's ability to discharge its statutory responsibilities to all the children and families in need of help, support, protection and care in Croydon.

## 9. Next steps

- 9.1 Significant activity is underway between the Home Office, DfE, MHCLG and council officers to relieve the financial pressure on Croydon relating to unaccompanied children. The council has taken all reasonable steps to work constructively with the Home Office and DfE, responding to requests for additional assessments and engaging in individual negotiations with other councils to facilitate the transfer of care. However the combination of pressures facing Croydon are truly unique and require an equivalently unique solution. As can be seen from table 1 the actions agreed to date will not address the disproportionate costs of the council's care for a high number of children who are or will become care leavers.

9.2 The solutions Croydon urgently needs are:

- No new unaccompanied children coming into the council's care, allowing the number under 18 years old to reduce to the government agreed threshold of 0.07% of the child population by 2023-24. If suspension of statutory duties is to be avoided, full cost recovery of the actual additional costs incurred pending transfer through the voluntary NTS.
- For care leavers, a cohort which will grow in the short term and for whom the variance between income and actual costs is most acute, funding through a special grant arrangement to close the gap between the actual costs of care and the grant provided over 2021-24.
- A further review to establish through modelling when care leaver costs will reduce to a level commensurate with the London average if no new children under 16 years of age come into Croydon's care, and by March 2023 a clear plan to relieve these additional costs.

9.3 To enable Cabinet to make an informed decision on the scenarios set out in Table 3 it is recommended that this report and more detailed information be presented for challenge and oversight at the Scrutiny and Overview Committee.

9.4 Depending on the outcome of the discussion at Scrutiny and Overview Committee the council may decide to take further action to address the issues raised in this report.

## **10. PRE-DECISION SCRUTINY**

10.1 It is proposed that this report be presented for review and challenge at the next Scrutiny and Overview Committee on 15<sup>th</sup> June 2021. In addition, GPAC received a presentation on the key issues and financial risks set out in this report at the committee meeting on 24<sup>th</sup> February 2021.

## **11. CONSULTATION**

11.1 Consultation and engagement on the actions set out in section 2 of this report has commenced with staff who provide support and care for unaccompanied children, including social work staff, independent reviewing officers and the fostering service. Further sessions are planned with staff from the virtual school who support children's educational achievements.

11.2 The Children Looked After service will work with EMPIRE and the children in care council to ensure children's wishes and feelings inform and influence the approach to change.

## **12 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 12.1 Modelling of the net costs to Croydon of looking after Unaccompanied Asylum Seeking Children under 18 years of age and Care Leavers, aged 18 to 25 years old has been undertaken for the medium term of 2020-24. This modelling is based on the number of children and young people currently in Croydon's care and has been shared with and scrutinised by central government officials.
- 12.2 The estimated net cost to Croydon from 2021/22 to 2023/24 is contained in Section 3 of this report and also factors in the reduction in expenditure due to the additional contributions to Croydon from the Home Office in 2021/22 and 2022/23.
- 12.3 The modelling in section 3 assumes a corporate recharge of £1.694m in 2021/22 with a similar amount in both 2022/23 and 2023/24, all of which are included in the overall net costs of Asylum Seekers of £16.405m over the three year period.
- 12.4 Since the modelling has been completed, corporate recharges for 2021/22 have been confirmed at 0.738m and the accompanying budget to cover the recharges has been approved by Council. Therefore, consideration should be given to whether this cost is included in the overall net costs as, although it is a cost apportioned to the operation of the asylum seekers service, it does not represent a budget pressure as there is sufficient budget to cover this expenditure in 2021/22 and future years.

Approved by: Kate Bingham, (Interim) Head of Finance, Children, Families and Education.

## **13 LEGAL CONSIDERATIONS**

- 13.1 An Unaccompanied Asylum Seeking Child (UASC) is a child who has applied for asylum in the United Kingdom and who, at the time of submitting the application for asylum, is under the age of 18, is not being cared for by an adult who has responsibility to do so, and is separated from both parents. This includes children who may have been relocated to the United Kingdom under a resettlement scheme (e.g. under section 67 of the Immigration Act 2016 ("the 2016 Act")), as well as those who arrive in the United Kingdom by other means. Unaccompanied asylum seeking children should ordinarily be granted temporary leave to remain for either a period of 30 months or until the child is 17 and a half years old, whichever is shorter, in any event in recognition that the child is unable to be returned to their home country until they reach adulthood.
- 13.2 On 1 July 2016 the Government implemented a National Transfer Scheme (NTS), underpinned by provisions in the Immigration Act 2016; with the aim of establishing a fairer and more equitable distribution of unaccompanied asylum seeking children across local authorities in the UK. At the same time as

implementing the NTS the Government increased the National Funding Rates for new unaccompanied asylum seeking children and Care Leavers, which brought the National Rates into line with the 'Gateway Authority' rates. The scheme is designed to ensure an even distribution of unaccompanied asylum seeking children across LAs nationally. Under the NTS, where an unaccompanied child first presents in a Local Authority which already has over 0.07% UASC to child population, the Local Authority is able to arrange for the transfer of the child. Despite earlier aspirations the NTS has not resulted in all local authorities sharing responsibility to help support and care for unaccompanied asylum seeking children.

- 13.3 Pursuant to the Children Act 1989 ("the 1989 Act") local authorities such as the Council are subject to various statutory duties to support children in need within their areas. This includes, inter alia, a duty under section 20(1) of the 1989 Act to accommodate children in need who appear to require accommodation as a result of:
- a. there being no person who has parental responsibility for them;
  - b. them being lost or having been abandoned; or
  - c. the person who has been caring for the child being prevented (for whatever reason) from providing him or her with suitable accommodation or care.
- 13.3 Section 20(3) of the 1989 Act further requires that local authorities must provide accommodation for any children in need who reach the age of 16 and whose welfare the local authority considers is likely to be seriously prejudiced if they are not provided with accommodation.
- 13.5 The immigration status of unaccompanied asylum seeking children means that local authorities such as the Council will ordinarily owe them a duty under section 20 of the 1989 Act, in addition to other children in need already resident in the local area, at least while their applications for asylum fall to be determined. The support provided will include, for example:
- a. accommodation, either in foster care (for under 16s) or shared accommodation (for 17 – 18 year olds);
  - b. allocation of social workers; and
  - c. assistance and admissions to local schools and colleges.
- 13.6 The legal duties of local authorities in respect of unaccompanied asylum seeking children also continue after they reach the age of 18. This means that whilst a number of children leave the children in care system each year, and therefore the Council receives less funding, they continue to be provided with services due to being formerly looked-after children.
- 13.7 If a decision is made to breach the Council's legal duties arising from the pressure being placed on the council's ability to discharge its statutory duties to all children and families in Croydon; to provide help and protection to children in need and safe effective services to all children in care and care leavers, then the role of the Monitoring Officer in such circumstances is set out in section 5 of the Local Government and Housing Act 1989. The Monitoring Officer is required under section 5(2) to prepare a report in



circumstances where an action, omission or decision leads to the Council operating outside its statutory duties.

- 13.8 In relation to any period of time that the Council operates outside its statutory duties, it will face legal risk, no matter how valid the reasons for its current circumstances. This is because the statutory duties are not optional and not transferable. Therefore, and there is no doubt that this period would need to be time limited.
- 13.9 In order for the Monitoring Officer to undertake a report to Council under S5, all legal opportunities should be exhausted before such report and any further legal diligence. Therefore, the Monitoring Officer will seek to ensure that the Council returns to lawfulness as quickly as possible and therefore any action will be time limited.

Approved by Doutimi Aseh, Interim Director of Law and Governance & Interim Deputy Monitoring Officer

## **14 HUMAN RESOURCES IMPACT**

- 14.1 There are no direct human resource implications arising from this report. Whilst the reports sets out the Council's aim to reduce the number of unaccompanied children by 2023/24, which is likely to have an impact on the number of staff needed to deliver the service, it is a long term ambition that can be managed through natural attrition with no/minimal impact on permanent staff. Where relevant, the normal HR policies and procedures will be applied.

Approved by: Debbie Calliste, Head of HR for Children, Families and Education on behalf of the Director of Human Resources

## **15 EQUALITIES IMPACT**

- 15.1 An Equalities Assessment has been undertaken to assess the impact on children with protected characteristics. Analysis of the current cohort indicates that 84% of the unaccompanied children currently in Croydon's care are male. All of the children are from black and minority ethnic backgrounds, with 25% of the cohort from Afghanistan, Albania and Vietnam respectively. The proposals are to transfer the care of newly arrived children under 16. These changes will have a disproportionate impact on children with these protected characteristics.
- 15.2 Working closely with the Home Office children's care will be transferred to other local authorities through the National Transfer Scheme, facilitated by the Home Office. This will ensure that the same standard of care as set out in statute is provided to children as it would be in Croydon.

Approved by Yvonne Okiyo, Equalities Manager

## **16 ENVIRONMENTAL IMPACT**

16.1 There is no environmental impact arising from this report.

## **17 CRIME AND DISORDER REDUCTION**

17.1 There is no crime and disorder impact arising from this report.

## **18 DATA PROTECTION IMPLICATIONS**

18.1 **WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?**

NO

18.2 **HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?**

NO

18.3 The Director of Quality and Improvement comments that there are no data protection impacts arising from this report.

Approved by Debbie Jones, Executive Director

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### **CONTACT OFFICER:**

Kerry Crichlow, interim Director, Improvement and Quality, Children Families and Education Department

**BACKGROUND DOCUMENTS:** Presentation to General Purposes and Audit Committee, 24<sup>th</sup> February 2021

<b>REPORT TO:</b>	<b>CABINET 7 JUNE 2021</b>
<b>SUBJECT:</b>	<b>Autism Strategy</b>
<b>LEAD OFFICER:</b>	<b>Rachel Soni, Interim Director of Commissioning</b> <b>Rachel Flowers, Director of Public Health</b> <b>Annette McPartland, Director of Operations Social Care</b>
<b>CABINET MEMBER:</b>	<b>Councillors Janet Campbell and Alisa Flemming</b> <b>Cabinet Members for Families, Health and Social Care;</b> <b>and Children, Young People and Learning</b>
<b>WARDS:</b>	<b>All</b>
<b>COUNCIL PRIORITIES 2020-2024</b> This report aligns to the following Croydon Renewal Plan priorities: <ul style="list-style-type: none"> <li>• We will live within our means, balance the books and provide value for money for our residents.</li> <li>• We will focus on tackling ingrained inequality and poverty in the borough. We will follow the evidence to tackle the underlying causes of inequality and hardship, like structural racism, environmental injustice and economic injustice.</li> <li>• We will focus on providing the best quality core service we can afford. First and foremost, providing social care services that keep our most vulnerable residents safe and healthy. And to keep our streets clean and safe. To ensure we get full benefit from every pound we spend, other services in these areas will only be provided where they can be shown to have a direct benefit in keeping people safe and reducing demand.</li> </ul>	
<b>FINANCIAL IMPACT</b> There is no proposed financial impact on the Council's expenditure as a result of this report.	
<b>FORWARD PLAN KEY DECISION REFERENCE NO.: 2721CAB</b> The notice of the decision will specify that the decision may not be implemented until after 13.00 hours on the 6th working day following the day on which the decision was taken unless referred to the Scrutiny and Overview Committee.	

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below

## 1. RECOMMENDATIONS

The Cabinet is recommended to

- 1.1 Endorse and approve for publication the Autism Strategy.

- |     |   |
|-----|---|
| 1.2 | Note the approvals either received, or pending, from other partner organisations in the strategy.   |
| 1.3 | Agree that minor future amendments to the strategy can be made by the Director of Commissioning in consultation with the Cabinet Member for Families, Health and Social Care. |

## **2. EXECUTIVE SUMMARY**

- 2.1 Autism is a neurological difference, which is lifelong. Autistic people have brains which work differently to other, “neurotypical” people, and they react differently to things such as sensory input or changes to routine. Every autistic person is different, but they are linked by the fact that almost all of their lives are made more challenging by being autistic.
- 2.2 We believe that there are likely to be between 8 and 11,000 Croydon residents who are autistic, as explained in the strategy. No local authority will ever know this number exactly. Some will be undiagnosed; many will not be accessing services. Mainly, though, this is because autism is not a data field on most public sector databases. Instead it is usually categorised alongside either mental health or learning disability, but autism is neither of those things.
- 2.3 In an ideal world we would have had more information about our autistic residents before we published this strategy, but this is, in effect, a chicken and egg situation: with this data the strategy could be improved, but we are much more likely to get the data with the strategy in place.
- 2.4 An Autism Strategy is not a statutory requirement, although a large number of local authorities already have one. It is, though, considered good practice, and is something which our autistic community was vocal about previously, and has been extremely supportive of during the production of this document.
- 2.5 This strategy is designed to improve our collective support for autistic Croydon residents of all ages, and their families. It is also intended to support autistic people right across the autistic spectrum, from those with multiple complex needs and learning difficulties, to those who are able to work and, most of the time, live similar lives to neurotypical people.
- 2.6 Following approval of the strategy by all of the key partners, a detailed action plan will be drawn up with clear targets and ownership. The need to align multiple, large partner organisations, as well as the difficulty of sourcing accurate baseline data, is the reason that we have always intended that this will follow the strategy.

## **3. DETAIL**

- 3.1 There is a wide variety of legislation which places duties on public bodies, including Local Authorities, specifically in relation to their support of autistic people. These include the Autism Act 2009, the Care Act 2014, and many

more, as well as a wide variety of secondary legislation, perhaps most notably the SEND Code of Practice.

- 3.2 There is also a national Autism Strategy, Think Autism, which was published in 2010 and revised in 2014. This formed the start of our discussion around key priorities for Croydon. However, being seven years old, and encompassing only adults, it was not adequate as a template for our own strategy. We expect a refresh of the strategy to appear at some point over the next year, although this taken much longer than expected due to Covid-19.
- 3.3 To truly create a meaningful strategy, this work needed to include partners beyond Croydon Council, particularly from the health sector. We are very pleased that we have provisional approval to be named partners in delivering the strategy from Croydon Health Services, South West London Clinical Commissioning Group, and Croydon Mencap, with further partners expected to join this list shortly. Approval is provisional only because those partners were awaiting a final version of the document at the time of their relevant governance meetings. It has not changed materially between then and now.
- 3.4 The strategy details how the partnership will work together to improve the lives of autistic residents, making better use of existing resources, delivering previously-planned changes, and collaborating more effectively across agencies. We also intend to raise awareness and understanding of autism amongst our residents, and particularly amongst those people who work with autistic people on a regular basis.
- 3.5 The strategy is expected to cover the period up to March 2024. Reviews of the content, and delivery against the action plan, will take place annually unless a major change is required mid-year. This would be most likely in the event of significant changes to legislation or public duties relating to autistic people; or in the event of a significantly revised national Autism Strategy being published.
- 3.6 Delivery of the strategy will be overseen by the Shadow Health and Care Board, with implementation led by the Autism Partnership Board, and supported by a number of sub-groups including the Autism Working Party (see section 4.4).

## **4. CONSULTATION**

- 4.1 In the summer of 2020, a six-week online public consultation took place to gauge the views of the autism community on what matters to them, and what they wanted to see in the strategy. 222 responses were received, around a fifth of them from autistic people themselves; the remainder were split mainly between parents and carers of autistic people, and professionals working with them.
- 4.2 It was hoped that public meetings would be able to be carried out to enable engagement with more of our autistic residents but sadly this was unable to happen due to the impact of Covid-19.

- 4.3 In lieu of this, the Borough Autism Champion and the Autism Inclusion Lead carried out an extensive programme of virtual attendance at key meetings with autistic people, families, and professionals across a wide range of organisations across Croydon. In total, well over 500 people were engaged in the production of this strategy.
- 4.4 Throughout the process of developing the strategy, officers were advised and supported by an “Autism Working Party” – a sub-group to the Autism Partnership Board, comprised mainly of autistic residents, or parents and carers to autistic people; as well as council officers and a small number of professionals from partner organisations.
- 4.5 The Borough Autism Champion and Autism Inclusion Lead have also engaged with senior and operational staff at all of the proposed partner organisations to ensure their buy-in and support at all stages of the process.
- 4.6 It is vital that this engagement with our autistic community does not stop here. We intend to continue working with the Autism Working Party to ensure their continued input into the delivery of the strategy, and using the group as a vehicle for professionals to discuss proposed changes to, or commissioning of, services with the community.

## **5. RISK MANAGEMENT AND IMPLICATIONS**

- 5.1 As in section 7 below, there are no proposed changes to budgets or expenditure in relation to this strategy.
- 5.2 As above, creating a strategy is good practice but is not a statutory responsibility. As such there are no legal or statutory ramifications in relation to non-delivery of elements of the strategy, save for those duties which we would be required to meet with or without this document in place.
- 5.3 The predominant risks relate to organisational reputation and partnership working. Whilst the commitments being made are reasonable and reflect our current direction of travel, it would be wrong not to note the potential impact of the current financial position, and of the nature of working in partnership with a number of diverse organisations.
- 5.4 The main risk is in not delivering key elements of the strategy, and risking the goodwill which has begun to be built up with our autistic community. To mitigate this, the Autism Inclusion Lead post has been extended, in order to deliver the implementation of this strategy; the Autism Working Party will continue in order to provide a forum where the views of autistic people and their familie can be sought; and there is clarity on the oversight of this work, reporting up to the Shadow Health and Care Board and the Autism Partnership Board.
- 5.5 There is always a risk in working across a broad partnership, where individual organisations are responsible for the delivery of significant elements of the strategy. However, there are also significant benefits to doing this, and it

recognises the fact that we cannot reasonably say that we are fully supporting our autistic residents without the support of a wide number of partners.

## **6 PRE-DECISION SCRUTINY**

- 6.1 This report was presented to a joint meeting of the Council's Health and Social Care Scrutiny Committee prior to being brought to Cabinet.
- 6.2 The committee strongly endorsed the strategy, subject to minor amendments as below, and recommended it for approval by Cabinet.
- 6.3 Comments were noted and amendments made to the document as a result of this.

## **7 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

### **7.1 Revenue and Capital consequences of report recommendations**

There are no proposed changes to expenditure as a result of this strategy. Targets which suggest the addition or revision of services are taken from existing organizational plans, or in the case of health-related targets, from the NHS Long-term Plan.

There may well be opportunities to seek reductions in expenditure if we are able to carry out the actions in this strategy, as a key aim is to ensure that early intervention reduces the need for more expensive / crisis services further down the line.

- 7.2 It is hoped that the partnership approach developed as a result of this strategy will enable better collaborative work and increase the likelihood of finding efficiencies whilst continuing to deliver quality services.
- 7.3 The strategy also significantly increases the likelihood that we can seek to bring external funding into the borough to support this area of work, via bids put together by Third Sector partners or directly from public bodies.

Approved by Nish Popat on behalf of the Interim Director of Finance, Risk and Investment (S151 Officer)

## **8 LEGAL CONSIDERATIONS**

- 8.1 The Council has no legal duty to prepare an Autism Strategy, however central Government is required to do so by virtue of section 1, Autism Act 2009. Central government issued statutory guidance to Local Authorities in March 2015, "*Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy*".
- 8.2 The Council must follow this guidance, however there is liberty to deviate from it on admissible grounds where the Council judges there is a good reason to do so, but without freedom to take a substantially different course.

- 8.2. When preparing the Council's Autism Strategy, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.
- 8.3 The Principal Lawyer for Childcare and Education Law comments on behalf of the Interim Director of Law and Governance that there are no direct legal implications arising from the recommendations in this report. Any legal implications arising in relation to individual actions will be dealt with as projects and decisions come forward for approval.

Approved by Doutimi Aseh, Interim Director of Law & Governance & Interim Deputy Monitoring Officer

## **9 HUMAN RESOURCES IMPACT**

- 9.1 There are no direct Human Resources implications arising from this report for Croydon Council employees.

Approved by: Debbie Calliste, Head of HR for Health, Wellbeing and Adults on behalf of the Director of Human Resources.

## **10 EQUALITIES IMPACT**

- 10.1 This document is specifically intended to improve equality of access for a marginalised group of people.
- 10.2 This strategy will work towards improving our collective support for autistic Croydon residents of all ages, and their families. It is also intended to support autistic people right across the autistic spectrum, from those with multiple complex needs and learning difficulties, to those who are able to work and, most of the time, live similar lives to neurotypical people.
- 10.3 The strategy details how the partnership will work together to improve the lives of autistic residents, making better use of existing resources, delivering previously-planned changes, and collaborating more effectively across agencies. We also intend to raise awareness and understanding of autism amongst our residents, and particularly amongst those people who work with autistic people on a regular basis.
- 10.4 An equality analysis was undertaken to ascertain the potential impact on groups that share protected characteristics. This concluded that the strategy will help the Council and its partners towards delivering the vision for Croydon as a place where autistic people feel welcomed, understood and supported to



live happy and productive lives.

Approved by Yvonne Okiyo, Equalities Manager.

## **11. ENVIRONMENTAL IMPACT**

11.1 There are no environmental impacts arising from this report.

## **12. CRIME AND DISORDER REDUCTION IMPACT**

12.1 There are no direct crime and disorder impacts arising from this report. However our engagement with the police on this issue has stepped up recently, and they are now permanently represented on the Autism Partnership Board.

## **13. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION**

13.1 The production and implementation of an Autism Strategy is considered good practice and was felt by our autistic community to be overdue.

13.2 Building a strong partnership across organisations in Croydon to deliver this strategy can potentially bring benefits to the wider community.

13.3 A strong and clear direction in relation to our support for autistic people gives us the opportunity to consider and prepare bids for external funding to support this agenda in the future.

## **14. OPTIONS CONSIDERED AND REJECTED**

14.1 None. As above, the approach being taken by the Council is considered good practice.

## **15. DATA PROTECTION IMPLICATIONS**

15.1 The Director of Policy & Partnership comments that there are no data protection implications arising from the contents of this report

Approved by Gavin Handford, Director of Policy and Partnership.

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### **CONTACT OFFICER:**

Kevin Oakhill, Autism Inclusion Lead,  
[kevin.oakhill@croydon.gov.uk](mailto:kevin.oakhill@croydon.gov.uk)

### **APPENDICES TO THIS REPORT:**

Appendix 1 – Autism Strategy  
Appendix 2 – Equalities Analysis

### **BACKGROUND DOCUMENTS:**

None

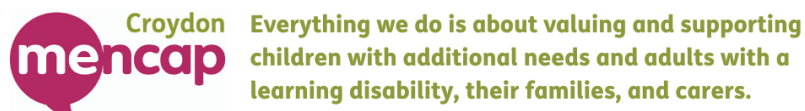
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# An autism-friendly Croydon

## Croydon's Autism Strategy 2021-24

### A partnership strategy

**Our partnership includes:** (approval to be confirmed)



## Introduction

**An introduction here from one or two senior leaders, chairs or councillors from across the Partnership. Include photos. These will be added right at the end of the process. JF to facilitate.**

**Expected contributors:**

**Croydon Health Services – Mike Bell?**

**SLaM – Sir Norman Lamb?**

**Croydon Council – JF, plus one or two others TBC**

## Our vision

**“Our vision is that Croydon will be a place where autistic people feel welcomed, understood and supported to live happy and productive lives.”**

To make this happen, we need to think about every part of a person’s life and dreams, and what will make them possible. We also need to think about rights and responsibilities — what support autistic people and their families should be able to receive, and which organisations should provide this support.

## What is autism, and how can we help autistic people

Autism is a lifelong neurological disability that affects how a person communicates, processes and interacts with the world. Put simply, the autistic brain is wired differently from other people’s brains. Many autistic people have difficulty processing sensory information, and can be very sensitive to lights, noises, smells and textures. Some autistic people are non-speaking or non-verbal, and may use alternate methods of communicating with people. Autistic people are also much more likely to have other medical conditions than most people, and those who have can regularly face multiple barriers to being accepted, and functioning from day to day. There is no cure or treatment for autism.

Every autistic person is completely unique, and experiences the world in different ways. In fact, individual autistic people’s ability to cope and interact with others can vary hugely from day-to-day. Some autistic people are able to “mask”, which means that they can appear to fit in or manage better, but it is very difficult and tiring to do this and is linked to a greater risk of severe mental health problems. For many autistic people, having a clear routine helps them feel more in control of their life and reduces their anxiety.

One shared experience is that day-to-day life is harder than that for people who are not autistic. Society is mainly made up of people who aren’t autistic,

so isn't designed with autistic people in mind, which can make many parts of life more difficult for them. There is also a general lack of understanding about what autism is and how it might affect a person.

**There are lots of simple, mainly cost-free things which the public, employers and people working and interacting with autistic people can do, which will help the majority of autistic people::**

- **Don't make loud or unexpected noises**
- **Don't use bright or harsh artificial lighting**
- **Explain things in simple, clear terms without being patronising**
- **Maintain a routine and try to avoid changing this unnecessarily**
- **Ensure signposts and instructions are clear and obvious in public places, such as hospitals, schools and colleges or railway stations**
- **Don't force autistic people to do things they don't want to do because "everyone else is doing it" — everyone else probably isn't autistic**
- **Avoid unnecessary physical contact if you don't know someone well — some autistic people do not like to be touched at all, or they may need their personal space to feel safe**
- **Undertake autism awareness and understanding training, and check regularly that your knowledge is still up to date**
- **Treat all autistic people with respect, listen to their needs and views, and follow their lead when helping them**
- **Don't make assumptions and wherever possible, ask the autistic person whether, and how, they would like your support**

Many organisations, including most of the partners in this strategy such as the NHS and local councils, also have legal responsibilities or duties to recognise the needs that autistic people may have and to provide certain types of support to autistic people. Some responsibilities relate to everyone, but also require organisations to consider if autistic people need to be supported differently due to their autism. Others are specific requirements to support autistic people. A list of some of these duties is included at **Appendix X**. You can find out more about autism here from the [Autism Alliance](#) / [National Autistic Society](#) / [Ambitious about Autism](#) .

## About this strategy

In Croydon, we want everyone to live a happy and productive life. For our estimated 8-11,000 autistic residents<sup>1</sup> and their families this is often harder, but we can all help to change this.

This strategy document was created by speaking to autistic people and their families in Croydon through a survey to find out what our residents want and need, and is split into priority areas, and recommendations of what can be done to improve how we support autistic people in these areas.

We developed our list of priority areas by creating an initial list based on the national Autism Strategy. This was shared with the local Croydon community for comments for around seven weeks, and was discussed in lots of meetings, including the APB. In total, over 500 people provided input into this consultation, and we added new priorities which were suggested to us during the process.

Each section focuses on one priority area raised by our residents, and ends with recommendations about what can be done to better support autistic people. You can see a summary of these recommendations on page 7.

Through this process, we can help people understand autism better, and they can help us create an inclusive community in Croydon, and beyond. We want businesses, professionals and the public to learn about simple changes they can make that will help autistic people, and will benefit other people too. By understanding more about autism, we can make Croydon a better, more inclusive and empathetic place to live for everyone, but especially for our autistic residents.

We want to thank all the people who contributed to this strategy. Special thanks go to everyone who completed our online survey or provided feedback, particularly autistic residents themselves. Thanks also to our Autism Working Party, which is made up of autistic residents, families and carers, who provided lots of guidance and support. Finally, enormous thanks to all of the staff and pupils at Bensham Manor School for telling us all about their hopes and wishes for the future. We hope that they will come true.

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<sup>1</sup> Based on likely % of autistic people within the population, according to latest studies, and current Croydon population figures

## Who we are

**The Autism Partnership Board (APB) was set up to improve the lives of autistic people in Croydon. The members of the board include autistic residents, family members and carers, and people who work to support them, such as staff from schools and colleges, council staff, health professionals and many more. You can find out more about the APB in Appendix 4, right at the end of the document.**

**The APB has helped to develop this strategy. They will also help to create an Action Plan afterwards, and make sure that over the next three years we do what the strategy and action plan says — or if our plans change, explain why that has happened too.**

**We are very grateful to all of the organisations who have agreed to be named partners in this strategy. You can see who they are on the front page of this document. We know that no person or organisation on their own can make all of the changes that are needed to help our autistic residents.**

**If you represent another organisation and would like to join us in this work, please use the contact details at the end of the document. We would be delighted to add more organisations to our partnership.**



## Executive Summary of recommendations

These are some of the most important commitments which we will make to help our autistic residents.

- We will raise awareness and understanding of autism throughout Croydon, via a broad training and awareness programme
- We will ensure that autistic people are aware of their basic rights, and that public organisations are aware of their duties and responsibilities
- We will improve the pathways for children and adults seeking an autism diagnosis, from first contact through to support after diagnosis
- We will aim to provide support as early as possible to avoid autistic people going into crisis or burnout, particularly when supporting their mental health and wellbeing
- We will recognise that many autistic people without Learning Disabilities, who do not normally receive services, can still frequently struggle and require support to stay on track
- We will recognise that many autistic people have multiple diagnoses, and work to tailor services to meet these needs
- We will also recognise that many autistic people face multiple barriers to success, and work to understand and overcome these barriers with them
- We will make the most of our Active Lives and localities work and use the expertise we already have locally to deliver key parts of this strategy
- We will seek to involve autistic people and their families in all major decisions we take relating to autistic people
- We will seek to make buildings and public spaces as autism-friendly as possible
- We will produce a detailed Action Plan, which shows who is in charge of making each of these actions happen, and by when
- We will provide updates on our progress annually, and revise the strategy every three years, or earlier if there are significant changes

## **Our stories**

**Every autistic person has their own story to tell. Here are just a small number of stories from our autism community in Croydon, out of the hundreds of people who have told us what autism means to them and their family.**

### **David's story**

David is autistic, and in his late forties. He lives independently, and is very keen to be able to find paid employment. He has been trying to do this for most of his adult life but unfortunately has not been successful. David applies for jobs regularly, but does not get invited for interviews.

David has accessed support programmes aimed at helping autistic adults into work a number of times. However, these have provided short work experience placements which haven't led to paid work, or the offer of work has been completely inappropriate for David. For example, he was offered irregular shift work in a very busy retail environment, but the employer did not offer the reasonable adjustments that might have made this possible for him to do.

David has lots of experience of volunteering and work placements in an office environment. However, when he applies for permanent jobs, he finds that employers don't tend to value his volunteering work, and that they are looking for people who have already had paid jobs instead. As a result David rarely gets an interview and has not managed to find paid work.

David is talented and wants to work, and so through this strategy we need to work with employers to understand the benefits of hiring autistic people, and the reasonable adjustments they might need to succeed at their job.

## **Julian's story**

Julian is autistic and has a moderate learning disability. He attended a local special school and left a few years ago, with some qualifications at entry levels, and a couple of GCSEs in creative subjects. After taking part in the transition programme from school to college, he was able to spend three years at college, developing his Maths and English skills, and studying Catering and Public Services.

Julian has been able to use his skills and qualifications to the full. Now in his mid-twenties, he has two paid jobs — working in catering at a local football club, and as a youth worker for disabled children, using his own experiences to help other people.

It is important to share the successes of people like Julian, and think about what services and support worked which helped him flourish.

## **Joanne's story**

Joanne lives with a flatmate, in council accommodation in the borough. She struggled a lot at school, and only started to do better once she was transferred to a special school which understood her needs better. Having moved out of the area for a while, Joanne attended college and gained a number of practical qualifications, in areas such as Food Hygiene and Safety.

Like David, Joanne would like to find a job, but has really struggled with this. She volunteers a day a week in a local charity shop, but is looking for part-time work with consistent hours, and this is very hard to find. In the meantime, Joanne would like to be able to access more training opportunities, which she has found much harder to do as an adult than when she was younger. Her preferred way of doing this is accessing short residential courses so that she can focus fully on what she's doing and not be distracted by day-to-day life.

We need to think carefully about what support would help Joanne, and also perhaps younger people who could end up in a similar position, to make sure that employers understand what autistic people can do, but that in return they may need flexibility such as part-time working or fixed hours each week.

## **Laura and Andrew's story**

Laura is Andrew's mother; Andrew is autistic and Laura isn't. Andrew has a learning disability and is mainly non-verbal, though he can talk. His needs are considered fairly complex and although he was at a local special school for a while, his behaviour meant that they were unable to safely meet his needs, and those of other pupils around him. He has also caused injuries to members of his family, and his parents have often worried for his younger sister's safety.

The family spent a lot of time and money challenging various decisions and in the end it was agreed that Andrew would attend a residential school some distance away from where he lives. With a quiet environment and 2:1 support he has thrived, and has calmed down so much that he has begun to speak more often and has almost no episodes of concern with his behaviour.

We need to think about what is on offer locally for young people like Andrew, because although this was a good outcome, it has come at a high financial cost. If we were able to support people such as Andrew locally it would be better for them and their families, as well as saving important resources.

## Our priority areas

The follow priorities were agreed on after a lot of discussion and consultation with autistic people, their families, and people who work with them.

There are three core areas of the strategy:

- **Increasing public awareness and understanding of autism**
- **Increasing the understanding and knowledge of the workforce**
- **Engagement and co-production with autistic people.**

These are further divided into specific issues that autistic people, their families and carers have highlighted as important to them, which are summarised below.

### Improving the support we offer

- Early support and intervention
- Education and training
- Health
  - Diagnosis and support
  - Mental health
  - Other health conditions
- Housing
- Social care and getting older
- Work

## Improving our community

- Community and social activities
- Improving our information and data
- Raising awareness and understanding of autism
- Safe public spaces and autism-friendly environments

## Improving equality

- Supporting BAME autistic residents
- Co-production – listening to the autistic voice
- Supporting autistic people without Learning Difficulties
- Supporting parents and carers
- Supporting women and girls who are autistic
- Supporting LGBTQ+ autistic people

## Early support and intervention

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### **PRIORITY 1: AUTISTIC CHILDREN AND THEIR FAMILIES SHOULD BE SUPPORTED SO THAT THEIR NEEDS ARE UNDERSTOOD AND MET AS EARLY AS POSSIBLE**



The right support early in someone's life can make a huge difference to their development as they get older.

Young autistic children should have their needs identified as early as possible, and be given the most appropriate health and educational support to meet these needs.

#### **You said:**

"The assessment time is too long. That's (key time for) early intervention lost."

"More support for early years staff and health visitors please"

#### **We will:**

- Improve the autism diagnosis pathway for children, following a recent review
- Continue and expand our delivery of the Autism Education Trust training programme
- Look at early interventions across health organisations to prevent greater support needs later in childhood
- Provide clear information online about what support is available at what stage

## Education and training

### **PRIORITY 2: AUTISTIC RESIDENTS SHOULD BE ABLE TO ATTEND SUITABLE EDUCATION OR TRAINING, IN AN ENVIRONMENT THAT IS APPROPRIATE FOR THEM**



All autistic children and young adults under 18, or under 25 with an Education, Health and Care Plan have the right to an appropriate education or training placement. Autistic people and their families should have a say what this placement looks like. Placements should focus on developing skills, knowledge and independence.

#### **You said:**

"Teach (all pupils) understanding of autism from an early age"

"Schools should celebrate Autism Awareness Week"

"Ensure schools are inclusive and have sufficient SEND training."

#### **We will:**

- Work with all of our schools to improve staff and pupils' understanding of autism
- Look to expand our Autism Education Trust training programme, with the aim of training primary, secondary school and college staff in autism awareness and understanding
- Continue the development of our special schools to better cater for autistic pupils locally
- Seek to develop Supported Internships and other work-related training courses in Croydon



## Health

### **PRIORITY 3: AUTISTIC RESIDENTS SHOULD BE ABLE TO ACCESS HEALTH SERVICES WHICH MEET THEIR NEEDS AND CAN ADAPT TO SUPPORT THEM**



We want all autistic people to be able to access the support and treatment that they need in a way that works for them. We also want practitioners to think about their wellbeing more generally to avoid crises, and avoid the need for emergency medical support.

#### **You said:**

"Many people with ASD... might feel they can't go to a GP or will feel nervous about going"

"I sometimes have to wait ages at the hospital"

#### **We will:**

- Work to make clinical settings, particularly Croydon's Emergency Department and doctors' surgeries, more autism-friendly
- Train more staff in autism awareness and understanding
- Work to improve our data about autistic patients so that we can treat each person in the most appropriate way for them – including a digital "flag" for autistic patients
- Consult autistic people when we commission and develop health services
- Wait for the outcome of a national pilot on a health check for autistic patients, and consider doing this locally

## Health – Diagnosis and Support

### **PRIORITY 3a: AUTISTIC RESIDENTS SHOULD BE ABLE TO QUICKLY ACCESS DIAGNOSTIC SERVICES, WITH CLEAR INFORMATION ABOUT THE PROCESS AND SUPPORT AVAILABLE AFTERWARDS**



When an individual or their family thinks they may be autistic, they should be able to quickly understand what their options are, and what to do next.

There needs to be a full and clear “diagnostic pathway” that explains the process of being diagnosed as both a child and adult, and includes information about accessing support and services after diagnosis.

#### **You said:**

“(Either provide) Early diagnosis (or) provide official support without diagnosis”

“Shorter waiting times for diagnosis”

#### **We will:**

- Improve the diagnostic pathway for children (see early years section above)
- Introduce a multi-borough adult diagnostic pathway, working with Lambeth and Lewisham, to offer a better service
- Review the changes to both the children and adult pathways to make sure that they are working well
- Set clear targets in our action plan for diagnosis times, with a view to making the process quicker

## Health — Mental Health

### **PRIORITY 3b: AUTISTIC RESIDENTS SHOULD BE ABLE TO ACCESS MENTAL HEALTH SUPPORT TAILORED TO THEIR NEEDS, INCLUDING EARLY SUPPORT TO PREVENT CRISIS**



Autistic people are more than three times as likely to have mental health problems than people who aren't autistic.

Mental health services should take into account the particular needs of autistic people, and look at what early support is available to avoid greater problems or even crises later on.

#### **You said:**

"I would like to see mental health services (be) more accessible"

"There should be autism champions in mental health teams"

#### **We will:**

- Support mental health professionals to improve their understanding and awareness of autism
- Consider what early support for autistic people – particularly those without learning disabilities – might reduce the need for crisis support later
- Think about how the buildings which house mental health services can be as friendly and accessible as possible for autistic service users
- Consider how the use of technology could make mental health services more accessible for some autistic people

## Health — Other Related Health Conditions

### **PRIORITY 3c: AUTISTIC RESIDENTS SHOULD BE ABLE TO ACCESS SUPPORT WHICH ALSO MEETS THEIR OTHER MEDICAL NEEDS**



Many autistic people also have other conditions or medical needs. For example, autistic people are more likely to be dyslexic or dyscalculic, or have ADHD, epilepsy or a number of other diagnoses than people who aren't autistic.

The best support for any individual needs to take into account all of their requirements: a one-size-fits-all approach won't work for autistic people any more than it does for anyone else.

#### **You said:**

"ASD is not the cause of all problems (even when you have) the diagnosis"

"Nothing seems to be available to support (someone) with Autism, Epilepsy, ADD (and more)".

#### **We will:**

- Train staff to understand not just about autistic people, but also autistic people with additional conditions
- Look to understand more about commonly co-occurring diagnoses amongst our autism community, so that we can support them better
- Listen carefully to autistic people and their families, to understand what their conditions mean for them in practice



## Housing and Accommodation

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### **PRIORITY 4: AUTISTIC RESIDENTS SHOULD BE ABLE TO LIVE IN SUITABLE ACCOMMODATION**



A stable and calm home environment is very important for autistic people, and for their families and carers. Autistic people should have the same level of choice about where they live as everyone else does. Some people will want to live on their own; some people with friends, family or partners. But everyone should have a say in where they live and who they live with.

#### **You said:**

"There (is little) supported accommodation to support adults with autism if they don't have a learning disability"

"More and better housing opportunities please"

"I don't want to live with my parents forever."

#### **We will:**

- Work with housing providers to offer autism awareness and understanding training for their staff
- Look at our offer of Supported Housing and Supported Living accommodation locally to see if it is meeting the needs of autistic residents
- Work with autistic people as we commission housing services for autistic people
- Consider the wishes of autistic people when making any housing placement, including for homeless autistic people

## Social Care and Getting Older

### **PRIORITY 5: AUTISTIC RESIDENTS SHOULD BE ABLE TO ACCESS APPROPRIATE SOCIAL CARE, AND UNDERSTAND HOW THEY WILL BE SUPPORTED AS THEY GET OLDER**



We need to ensure that social care and support can meet autistic people's needs, and that autistic people understand how they will be cared for in their later years.

#### **You said:**

"(Think more about) needs that relate to people ageing with autism, particularly...support networks (which) become less accessible as parents (get older)."

"More support and training for social care workers"

#### **We will:**

- Seek to understand how many older autistic residents we have locally, and what their needs are likely to be
- Include autism as a specific category when commissioning care services locally
- Review our offer of specialist care support for autistic people with the highest level of need
- Ensure commissioners work with autistic people and their families to understand more about how to make our care services as inclusive as possible for autistic people
- Consider the possible impact of likely under-diagnosis amongst older autistic people

## Work

### **PRIORITY 6: AUTISTIC RESIDENTS SHOULD BE ENABLED TO WORK OR VOLUNTEER IF POSSIBLE, AND TO BE UNDERSTOOD AND SUPPORTED IN THEIR WORKPLACE**



Only 16% of autistic adults in the UK are in full-time jobs, and over two-thirds are not in work at all. However, the vast majority want to work. Autistic adults should be supported in gaining skills and training, and accessing appropriate jobs.

#### **You said:**

"Support into meaningful employment – opportunities to do more skilled work and not just shelf-filling or cleaning!"

"Access to work opportunities after school"

"It is hard for people with autism to get voluntary or paid work"

#### **We will:**

- Offer autism awareness and understanding training to local employers
- Support employers to create Autism Champions in the workplace, and develop an Autism Pledge and self-assessment
- Provide and promote case studies of autistic people who have successfully transitioned into work, and share these widely
- Review our offer of job-related training for autistic adults, including Inclusive Apprenticeships
- Work with autistic adults to develop the training which they want and need

## Community and Social Activities

### **PRIORITY 7: AUTISTIC RESIDENTS SHOULD HAVE ACCESS TO APPROPRIATE COMMUNITY AND SOCIAL ACTIVITIES, WHETHER OR NOT THESE ARE WITH OTHER AUTISTIC PEOPLE**



It is hugely important that people feel like they are part of their community, and are able to take part in activities they enjoy. There should be a clear programme of activities for at autistic residents, but also better understanding of autism across Croydon so autistic people can be supported to access any community activity

#### **You said:**

"There are not enough clubs available for the autistic community within Croydon"

"I'm an adult with autism and I've no idea what's available to me."

#### **We will:**

- Provide a directory of services which will include community and social activities for autistic people, to make sure people are aware of everything on offer
- Seek to make as many other community groups and activities as possible – particularly those funded by our organisations – mindful and inclusive of our autistic residents.
- Promote the excellent work done in this area by our community and voluntary sector as widely as possible
- Consider how to use technology in a way which promotes community, particularly during the Covid-19 pandemic



## Improving Our Information and Data

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### **PRIORITY 8: WE WILL IMPROVE HOW WE COLLECT, SHARE AND USE DATA TO UNDERSTAND MORE ABOUT OUR AUTISTIC RESIDENTS**



We don't know very much about Croydon's autistic residents due to incomplete data. Nationally, information about autistic people is often wrongly placed together with mental health or learning disabilities. We have little information about autistic residents who are not accessing Croydon services. By knowing more about the autistic people who live here, we can better understand and support them.

#### **You said:**

"Information should be centralised so there's equality of access."

#### **We will:**

- Consider how we can share and use data better within, and across our organisations while being compliant with data protection laws
- Expand the membership of our Autism Data Group, reporting to the Autism Partnership Board, to monitor this
- Use our improved data to commission more effective services
- Ensure a flag in NHS data when patients are diagnosed or declare that they are autistic – see health section above
- Keep all residents informed about what we're using data for and why

## **Raising Awareness and Understanding of Autism**

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### **PRIORITY 9: WE WANT EVERYONE IN CROYDON, ESPECIALLY THOSE WHO COME INTO REGULAR CONTACT WITH AUTISTIC PEOPLE, TO UNDERSTAND AUTISM BETTER**



To really make Croydon more autism-friendly, we need as many people in our community as possible to understand more about what autism is, and how their actions might affect autistic residents. Basic information and training should be available for all residents, and businesses, so that more people are aware of, and understand, our autistic community.

#### **You said:**

“Consider more community awareness promotions”

“Train people to understand autism, not just be aware of it”

#### **We will:**

- Encourage our schools to speak with pupils about what autism is, not just undertake training for staff
- Provide information and / or web links on our website about autism, and autism in Croydon
- Offer autism awareness and understanding training to residents and businesses
- Publicise the launch of our strategy widely, including on our websites
- Encourage organisations to appoint Autism Champions
- Look to create an autism homepage on the Croydon Council website

## Safe Public Spaces and Autism-Friendly Environments

### **PRIORITY 10: AUTISTIC RESIDENTS SHOULD BE ABLE TO ACCESS SAFE PUBLIC SPACES, AND BUILDINGS WHICH TAKE ACCOUNT OF THEIR NEEDS**



Being out in noisy, busy public places can sometimes be very challenging for autistic people, and they need safe, quiet spaces where they can get away from crowds when they need to.

There are also simple changes which can be made to the layout of public areas and buildings, which can help make it easier for autistic people to feel comfortable.

#### **You said:**

“More places to go, more accessibility, safe spaces”

“Croydon is so loud. Can there be somewhere we can escape to calm down?”

#### **We will:**

- Ask our community if they can provide safe, quiet spaces where autistic people can go if they need a break
- Provide basic guidance on ways to improve buildings, layouts, etc, so that they are more helpful for autistic people
- Think about the buildings and sites which our own organisations operate, and what more we can do to make them autism-friendly, as well as others like supermarkets and public transport hubs
- Lead by example – think more about what else our own organisations can do to be more inclusive for autistic staff and visitors

## Supporting BAME Autistic Residents

### **PRIORITY 11: AUTISTIC RESIDENTS FROM BAME COMMUNITIES SHOULD NOT HAVE TO FACE ANY ADDITIONAL BARRIERS IN RELATION TO ANY OF THESE PRIORITIES**



We know from our survey, and many other discussions, that autistic people from our BAME communities can face multiple barriers to accessing the support that they and their families need. It is vital that we identify issues that make accessing support more difficult, and work to support every BAME autistic resident in achieving their goals.

#### **You said:**

“Being BAME and with two disabled children I get disempowered at every request”

“Why are the needs of black boys not addressed earlier?”

#### **We will:**

- Be open about recognising that autistic people from BAME backgrounds face additional challenges that we need to meet
- Listen specifically to BAME residents who are autistic, or their families and carers, to understand more about any additional barriers which they face, and what needs to be done
- Lobby for more research on autism in BAME communities
- Seek to ensure that our workforces are representative of the communities which we serve, including both autistic and BAME voices
- Tackle both direct and indirect discrimination



## Co-production – Listening to Autistic Voices

### **PRIORITY 12: AUTISTIC RESIDENTS SHOULD BE CONSULTED ABOUT, AND WHEREVER POSSIBLE CO-PRODUCE, SERVICES FOR AUTISTIC PEOPLE**



Autistic people, and their families, are best placed to understand what they need and want from public services. All local services for autistic people should be developed or reviewed with consultation from autistic people — this is called co-production, and will help to ensure that services are fit-for-purpose and autism-friendly.

#### **You said:**

“This is very important.”

“(Yes), as long as consultation is with a wide demographic.”

#### **We will:**

- Use our Autism Working Party meetings as a way for commissioners to discuss planned changes to services with autistic residents and their families
- Look to co-produce services with autistic residents wherever possible
- Look at our sub-contracts, and ensure that our contractors are being inclusive and supportive of autistic residents
- Regularly review the effectiveness of our services, with our service users, including autistic residents
- Seek to make mainstream services as inclusive and autism-friendly as possible

## Supporting Autistic People Without Learning Disabilities

### **PRIORITY 13: AUTISTIC RESIDENTS WITHOUT LEARNING DISABILITIES SHOULD HAVE THEIR NEEDS CONSIDERED AND MET, EVEN IF THEY ARE NOT ACCESSING AUTISM SERVICES.**



Around 30% of autistic people also have learning disabilities. The majority do not and there is less support available for them, both in Croydon and across the country. We need to review what will make life easier for this group of autistic residents, many of whom will be living independently, or not currently be accessing autism related services.

#### **You said:**

"People only pay attention to (those) with a visible need."

"People (often) don't recognise the difficulties of high functioning folk and...judge them to be dismissive, rude or shy"

#### **We will:**

- Think about all autistic people when creating our directory of services, and not only list services which are just for autistic people
- Seek to be inclusive first – think about how we can make most services accessible to autistic people, rather than creating a separate pathway
- Aim to create a borough where autistic people do not feel marginalised or uncomfortable
- Look to build an online community for autistic residents
- Use our data improvements to enable bids for external funding to support the priorities in the strategy

## Supporting Parents and Carers

### **PRIORITY 14: PARENTS AND CARERS OF AUTISTIC RESIDENTS SHOULD BE SUPPORTED WITH THEIR OWN HEALTH AND WELLBEING**



Parents and carers have told us, both through our survey and wider conversations, that they need more support with their own health and wellbeing.

We need to recognise the significant contribution made by parents and carers, but also understand more about what will help them to look after their children, and look after themselves.

#### **You said:**

"Speak to parents and carers regularly, not just as a one-off."

"There is very little support for parents during the (diagnostic process)".

"It is vital that families of those with autism are supported."

#### **We will:**

- Be as clear as possible about processes and support available, particularly in the Early Years and Primary phases when the majority of diagnosis takes place.
- Provide access to groups, online and face to face, for parents to meet and discuss autism and parenting
- Signpost people to national support if we are unable to provide it locally

## Supporting Autistic Women and Girls

### **PRIORITY 15: THE NEEDS OF AUTISTIC WOMEN AND GIRLS SHOULD BE CONSIDERED SPECIFICALLY, GIVEN THAT THEY CAN OFTEN BE VERY DIFFERENT TO THOSE OF AUTISTIC MEN**



Until recently, research focused on men and boys, meaning we know less about autism in women and girls. This means that autism remains under-diagnosed in women and girls. Autism services must to be gender-inclusive and knowledgeable of different autistic presentations.

#### **You said:**

"We need different early interventions for girls."

"What provision is there for higher attaining girls?"

"Autism is often diagnosed late in girls...and the support is geared more to boys and men."

"Professionals often have a limited view of autism (in this respect)."

#### **We will:**

- Speak to autistic women and their families, to understand better how their needs may be different from autistic men
- Use this information to think about what changes may need to be made to our services or information available
- Consider whether our autism training accurately reflects what we know about autistic women
- Use our improving knowledge of autistic women and girls to ensure more accurate diagnosis
- Revise our local projections about the number of autistic female residents, based on new national data



## Supporting LGBTQ+ Autistic Residents

### **PRIORITY 16: WE WILL SEEK TO UNDERSTAND MORE ABOUT THE NEEDS OF LGBTQ+ AUTISTIC PEOPLE, AND OPENLY RECOGNISE THE ADDITIONAL CHALLENGES THAT THEY FACE**



We know that autistic people are more likely to be LGBTQ+ than people who aren't autistic. We need to think about how we support autistic LGBTQ+ individuals, and ensure that they feel accepted and supported.

#### **You said:**

This was not initially included as a category in our survey, but has been added as a result of a number of conversations, and an increasing research base.

#### **We will:**

- Recognise that autistic people are more likely to identify as homosexual, bi- or pan-sexual, asexual, and/or trans or non-binary, and that this may bring additional support and service needs
- Work with organisations and individuals supporting the LGBTQ+ communities to ensure that there is recognition and understanding amongst both groups of the crossover
- Seek to challenge possible infantilisation of autistic people – the perception that autistic people, especially those with LD, may not be aware of their sexuality or gender when this is not the case
- Be as open as possible about discussing LGBTQ+ issues affecting autistic people

## **Developing awareness and understanding of autism – a core thread running through the strategy**

**A significant number of the recommendations above relate to improving public awareness and understanding of autism, or expanding training programmes to support staff working with autistic people. It is important to consider this as one programme of work, rather than trying to devise separate training for each one of the priorities.**

One of the first actions from this strategy will be to work on a training and awareness-raising programme, to build confidence and understanding of what autism is, and removing any concerns or myths about autistic people. We will also consider a stronger presence online, including a focal point for this awareness training. Ideally, all training will be developed and delivered by or with autistic people. We will seek to use the expertise of organisations locally who already offer training or support, as well as working with our autistic community to think about the content and delivery of any training that we offer.

To do this, we will work across our organisations and with the Autism Partnership Board. We will almost certainly seek input from other partners, such as our local voluntary, community and charitable sector. We will also continue to work with our autistic residents and their families to make sure that they are involved.

Our first step will be to evaluate what we already do, and what impact it has. Currently, we deliver Autism Education Trust training to Early Years / Nursery staff across Croydon, and the Council's Autism Service has often delivered training across a variety of settings.

## What will happen next?

Now that we have agreed this strategy, we must work to make it happen. It is important that there are clear targets in place to deliver our priorities, and that we know which organisation and which people are in charge of each one.

To do this, over the next few weeks we will develop a more detailed plan, which will explain how we intend to do what we have set out in the strategy.

The Action Plan will have SMART targets – these make it easier for us to tell what will be done, when it will be done by, and who is in charge of making it happen.

The Autism Partnership Board, and the Autism Working Party, will look in more detail at all of the targets, and keep checking to make sure that this work is happening.

To help with the strategy, we have spoken a lot with different groups of people about what autistic people need. We will keep listening to autistic people and their families in the future, so that as things change, we understand if the things our autistic residents need or want have changed as well. We will also make sure that people can give us their view on what we have got right, and what we haven't.

We will keep people updated on how we are getting on with our work, too. We will publish the action plan online when it's ready, and provide annual updates on what has changed as a result of this work.

At the time this is being written, we are expecting a new national strategy about autism to be published by the government. We're not sure exactly when this will be ready but it is expected soon. The last one is called Think Autism, and is from 2014.

If there are major changes nationally or locally, particularly if they affect what we can or must do for autistic people, we may update Croydon's strategy straight away. Otherwise we expect to update it before the strategy's end date, in 2024.

## How you can get involved

We would love for you to join us to make this vision a reality, and we need as many people as possible to help.

If you're an autistic person, or a parent or carer, you could consider joining one of our working groups, where your views will help to determine what services for autistic people look like. Or you can get in touch with us, and we can contact you with updates, or invite you to future consultation sessions we may run.

If you're a professional working with autistic people – have you undertaken autism awareness and understanding training? Have your staff or colleagues done this? And does your department or organisation have an Autism Champion, helping others to learn more about autistic people and what they can offer? Please get in touch if you'd like to hear or do more.

If you're running or working for a business locally – are your premises as autism-friendly as they could be? Are your staff autism-aware? Do you have an Autism Champion who could help and advise other staff if they have queries or concerns? Could you offer anywhere as a safe space for autistic people in the community to drop in if they need one? Again, please get in touch with us if you can help.

And whatever your interest – if you're a member of the Croydon community who just wants to know more, we'd be delighted to hear from you as we develop this work.

Contact details

## Appendix 1

### Contributors to this strategy

A huge number of people contributed to this document, and it was also taken to large numbers of meetings as it was being worked on, to ensure that as many people as possible had the chance to provide feedback.

We had 222 responses to our public consultation. In addition to this:

181 pupils from Bensham Manor School told us about their hopes for the future.

Individual meetings took place with at least 20 different organisations.

The Autism Inclusion Lead, and / or the Borough Autism Champion, attended the following groups and meetings, among others, to talk about the strategy:

- The Autism Partnership Board
- The Autism Working Party – thanks to all members of this group, mainly autistic residents and parents / carers, who provided significant help and input into this document
- Croydon Health and Wellbeing Board
- GP Collaborative
- Health and Social Care Scrutiny Sub-Committee
- Croydon Health Services Mental Health, Autism and LD Board
- SEND Forum and SEND Strategic Board (schools and education meetings)
- Croydon Clinical Health Leads meeting
- Safeguarding Children Board

## Appendix 2

### Links to useful information and relevant documents

There is a huge range of information about autism available online and elsewhere. There is also quite a lot of disinformation — you cannot cure autism, and nor do vaccines cause autism, but these are common myths shared online. Below, we have provided a list of starting points to understand more about autism. This isn't a recommendation for any of the organisations listed – however, these are generally considered to be reputable organisations providing accurate information.

[The National Autistic Society](#) is the UK's largest autism-specific organisation, providing information and services, and lobbying for resources for autistic people.

[Ambitious about Autism](#) is a national organisation focusing on Children and Young People with autism. They also provide information and services, and lobby government.

[The Autism Alliance](#) is a group of organisations who work with autistic people, mostly covering individual regions of the UK, or smaller areas like counties.

The [APPGA](#) is a parliamentary group – made up of MPs and representatives from the autism sector – who promote autism in government.

[The National Autism Strategy](#) – Think Autism – is now seven years old but is due to be updated at some point in 2021.

[The Autism Education Trust](#) provides a national training programme for education staff. We deliver this in Croydon to staff in the Early Years phase.

[Autistica](#) is the largest organisation in the UK dedicated to research about autism.

[CRAE](#) carries out research on autism in education, and publishes lots of interesting research and articles.

[The NHS](#) has an information page about autism, diagnosis, support and more.

[The Council for Disabled Children](#) isn't specifically an autism organisation, but it does provide lots of useful resources and information

## Appendix 3

### Glossary of terms used in this strategy

**Autism:** Autism is a lifelong neurological disability that affects the way a person communicates and interacts with people and the world around them. There are many terms that fall under the autism umbrella — Autism Spectrum Condition, Asperger’s Syndrome, Pathological Demand Avoidance — but for simplicity we have simply used autism throughout.

**Autism Champion:** Someone with a strong interest and understanding of autism, who promotes autism understanding and acceptance either within their organisation or community.

**Autistic:** an autistic person is a person with autism. The majority of people prefer autistic over person with autism [link to Lorcan Kelly’s study], but it is always best to use personal preference.

**Action Plan:** An action plan, which will follow on from this strategy, contains more detailed information and targets which will show how we will make these actions happen.

**BAME:** People from black and minority ethnic backgrounds.

**Co-Production:** People from a certain community – in this case, autistic people and their families – working with professionals to make sure that services reflect the needs and desires of that community.

**Learning Disability:** A Learning Disability affects the way a person understands information, and how they communicate. This means it can be harder for them to understand new or complex information, learn new skills, or cope and live independently.

**LGBTQ+:** Will check this one with Lizzie

**National Strategy:** Think Autism is the government’s National Autism Strategy. It is due to be revised, probably some time in 2021.

**SMART targets:** SMART is an acronym – where each letter stands for a word. SMART means Specific, Measureable, Achievable, Realistic and Time-Bound. If

a target is all of these things it should be clear what needs to be done, by when, and that you will know when it has been completed.



## Appendix 4

### About the Autism Partnership Board and its work

The Autism Partnership Board is a regularly meeting group Croydon which specifically looks at autism, and how to support autistic people. The meeting is chaired by the Borough Autism Lead (currently Cllr Jerry Fitzpatrick), co-chaired by a member of the public from the autism community (currently Nicky Selwyn), and supported by Croydon Council staff. Invitation to the meeting is by invitation, to ensure the number of people attending is manageable and meetings aren't overly long.

The group is made up of autistic residents, or parents and carers of autistic people, as well as a number of groups and organisations which include:

Croydon Council (officers, and politicians from both the council and the opposition)

Croydon Health Services

South London and Maudsley (SLaM)

South West London Clinical Commissioning Group (CCG)

Croydon College

Croydon Mencap

MIND in Croydon

Inaspectrum

The Autism Service

JobCentre Plus

Met Police

Parents in Partnership

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# Equality Analysis Form

## 1. Introduction

### 1.1 Purpose of Equality Analysis

The council has an important role in creating a fair society through the services we provide, the people we employ and the money we spend. Equality is integral to everything the council does. We are committed to making Croydon a stronger, fairer borough where no community or individual is held back.

Undertaking an Equality Analysis helps to determine whether a proposed change will have a positive, negative, or no impact on groups that share a protected characteristic. Conclusions drawn from Equality Analyses helps us to better understand the needs of all our communities, enable us to target services and budgets more effectively and also helps us to comply with the Equality Act 2010.

An equality analysis must be completed as early as possible during the planning stages of any proposed change to ensure information gained from the process is incorporated in any decisions made.

In practice, the term '**proposed change**' broadly covers the following:-

- Policies, strategies and plans;
- Projects and programmes;
- Commissioning (including re-commissioning and de-commissioning);
- Service review;
- Budget allocation/analysis;
- Staff restructures (including outsourcing);
- Business transformation programmes;
- Organisational change programmes;
- Processes (for example thresholds, eligibility, entitlements, and access criteria).

## 2. Proposed change

Directorate	Health, Wellbeing and Adults
Title of proposed change	An Autism Friendly Croydon
Name of Officer carrying out Equality Analysis	Rachel Flowers

## 2.1 Purpose of proposed change (see 1.1 above for examples of proposed changes)

This is a whole Croydon partnership strategy with a vision that Croydon will be a place where autistic people feel welcomed, understood and supported to live happy and productive lives. It is considered good practice for local authorities to produce and implement an Autism Strategy. We also expect to help those who are family members, carers, friends and support workers of autistic residents.

## 3. Impact of the proposed change

**Important Note:** It is necessary to determine how each of the protected groups could be impacted by the proposed change. Who benefits and how (and who, therefore doesn't and why?) Summarise any positive impacts or benefits, any negative impacts and any neutral impacts and the evidence you have taken into account to reach this conclusion. Be aware that there may be positive, negative and neutral impacts within each characteristic.

Where an impact is unknown, state so. If there is insufficient information or evidence to reach a decision you will need to gather appropriate quantitative and qualitative information from a range of sources e.g. Croydon Observatory a useful source of information such as Borough Strategies and Plans, Borough and Ward Profiles, Joint Strategic Health Needs Assessments <http://www.croydonobservatory.org/> Other sources include performance monitoring reports, complaints, survey data, audit reports, inspection reports, national research and feedback gained through engagement with service users, voluntary and community organisations and contractors.

### 3.1 Deciding whether the potential impact is positive or negative

**Table 1 – Positive/Negative impact**

For each protected characteristic group show whether the impact of the proposed change on service users and/or staff is positive or negative by briefly outlining the nature of the impact in the appropriate column. . If it is decided that analysis is not relevant to some groups, this should be recorded and explained. In all circumstances you should list the source of the evidence used to make this judgement where possible.

Protected characteristic group(s)	Positive impact	Negative impact	Source of evidence
Age	Positive – the strategy has a strong focus on supporting our aging autistic population		There are a range of evidence bases around autism and how addressing this provides a positive impact to all people. The strategy informs this too

Disability	Positive - around 20-30% of people with a learning disability also have autism; autistic people are more likely to have mental health problems; and the strategy will strongly support these groups		<a href="https://www.england.nhs.uk/wp-content/uploads/2020/01/Learning-disability-and-autism.pdf">https://www.england.nhs.uk/wp-content/uploads/2020/01/Learning-disability-and-autism.pdf</a>
Gender	Positive -we are strongly promoting better understanding of autistic women within the strategy, as it was traditionally and incorrectly felt to be a male domain		<a href="#">Link to research</a>
Gender Reassignment	Positive - transgender people are 3-6 times more likely to be autistic, and this is specifically referenced		<a href="#">Link to research</a>
Marriage or Civil Partnership	Positive - it is hoped that better understanding of autism will lead to better understanding of autistic people in relationships including marriage and civil partnership		
Religion or belief	Positive – we hope to work with religious and community groups to deliver the action plan and reach as many autistic people as possible		
Race	Positive – we have included a section on understanding and reducing multiple barriers to access for autistic BAME residents		
Sexual Orientation	Positive – autistic people are considerably more likely <i>not</i> to identify as heterosexual, and this is specifically identified and referenced		<a href="#">Link to research</a>
Pregnancy or Maternity	Positive – understanding of autistic women and pregnancy should improve		

**Important note:** You must act to eliminate any potential negative impact which, if it occurred would breach the Equality Act 2010. In some situations this could mean abandoning your proposed change as you may not be able to take action to mitigate all negative impacts.

When you act to reduce any negative impact or maximise any positive impact, you must ensure that this does not create a negative impact on service users and/or staff belonging to groups that share protected characteristics. **Please use table 4 to record actions that will be taken to remove or minimise any potential negative impact**

### 3.2 Additional information needed to determine impact of proposed change

**Table 2 – Additional information needed to determine impact of proposed change**

If you need to undertake further research and data gathering to help determine the likely impact of the proposed change, outline the information needed in this table. Please use the table below to describe any consultation with stakeholders and summarise how it has influenced the proposed change. Please attach evidence or provide link to appropriate data or reports:

Additional information needed and or Consultation Findings	Information source	Date for completion
We developed our list of priority areas by creating an initial list based on the national Autism Strategy. This was shared with the local Croydon community for comments for around seven weeks, and was discussed in lots of meetings, including the APB. In total, over 500 people provided input into this consultation, and we added new priorities which were suggested to us during the process.		
As a result of the consultation, autism and equality became one of the three key “pillars” of this work, and we included entirely new priorities relating to the LGBTQ+ community, and significantly revised and strengthened those relating to supporting autistic residents from BAME communities		

For guidance and support with consultation and engagement visit <https://intranet.croydon.gov.uk/working-croydon/communications/consultation-and-engagement/starting-engagement-or-consultation>

### 3.3 Impact scores

#### Example

If we are going to reduce parking provision in a particular location, officers will need to assess the equality impact as follows;

- 1. Determine the Likelihood of impact. You can do this by using the key in table 5 as a guide, for the purpose of this example, the likelihood of impact score is 2 (likely to impact)
- 2. Determine the Severity of impact. You can do this by using the key in table 5 as a guide, for the purpose of this example, the Severity of impact score is also 2 (likely to impact )
- 3. Calculate the equality impact score using table 4 below and the formula **Likelihood x Severity** and record it in table 5, for the purpose of this example - **Likelihood (2) x Severity (2) = 4**

Table 4 – Equality Impact Score

Severity of Impact	3	3	6	9
	2	2	4	6
	1	1	2	3
		1	2	3
	Likelihood of Impact			

Key

Risk Index	Risk Magnitude
6 – 9	High
3 – 5	Medium
1 – 3	Low



# Equality Analysis

Table 3 – Impact scores

Column 1	Column 2	Column 3	Column 4
PROTECTED GROUP	<p>LIKELIHOOD OF IMPACT SCORE</p> <p>Use the key below to <b>score</b> the <b>likelihood</b> of the proposed change impacting each of the protected groups, by inserting either 1, 2, or 3 against each protected group.</p> <p><b>1 = Unlikely to impact</b> <b>2 = Likely to impact</b> <b>3 = Certain to impact</b></p>	<p>SEVERITY OF IMPACT SCORE</p> <p>Use the key below to <b>score</b> the <b>severity</b> of impact of the proposed change on each of the protected groups, by inserting either 1, 2, or 3 against each protected group.</p> <p><b>1 = Unlikely to impact</b> <b>2 = Likely to impact</b> <b>3 = Certain to impact</b></p>	<p>EQUALITY IMPACT SCORE</p> <p>Calculate the <b>equality impact score</b> for each protected group by multiplying scores in column 2 by scores in column 3. Enter the results below against each protected group.</p> <p><b>Equality impact score = likelihood of impact score x severity of impact score.</b></p>
Age	2	2	4
Disability	3	3	9
Gender	2	2	4
Gender reassignment	2	2	4
Marriage / Civil Partnership	2	2	4
Race	2	2	4
Religion or belief	2	2	4
Sexual Orientation	2	2	4
Pregnancy or Maternity	2	2	4

## 4. Statutory duties

### 4.1 Public Sector Duties

Tick the relevant box(es) to indicate whether the proposed change will adversely impact the Council's ability to meet any of the Public Sector Duties in the Equality Act 2010 set out below.

Advancing equality of opportunity between people who belong to protected groups **no adverse impact**

Eliminating unlawful discrimination, harassment and victimisation **no adverse impact**

Fostering good relations between people who belong to protected characteristic groups **no adverse impact**

**Important note:** If the proposed change adversely impacts the Council's ability to meet any of the Public Sector Duties set out above, mitigating actions must be outlined in the Action Plan in section 5 below.

## 5. Action Plan to mitigate negative impacts of proposed change

**Important note:** Describe what alternatives have been considered and/or what actions will be taken to remove or minimise any potential negative impact identified in Table 1. Attach evidence or provide link to appropriate data, reports, etc:

**Table 4 – Action Plan to mitigate negative impacts**

Complete this table to show any negative impacts identified for service users and/or staff from protected groups, and planned actions mitigate them.				
Protected characteristic	Negative impact	Mitigating action(s)	Action owner	Date for completion
Disability				
Race				
Sex (gender)				
Gender reassignment				
Sexual orientation				
Age				

## Equality Analysis

Religion or belief				
Pregnancy or maternity				
Marriage/civil partnership				

### 6. Decision on the proposed change

Based on the information outlined in this Equality Analysis enter <b>X</b> in column 3 ( <b>Conclusion</b> ) alongside the relevant statement to show your conclusion.				
Decision	Definition			Conclusion - Mark 'X' below
No major change	Our analysis demonstrates that the policy is robust. The evidence shows no potential for discrimination and we have taken all opportunities to advance equality and foster good relations, subject to continuing monitoring and review. <b>If you reach this conclusion, state your reasons and briefly outline the evidence used to support your decision.</b>			X
Adjust the proposed change	We will take steps to lessen the impact of the proposed change should it adversely impact the Council's ability to meet any of the Public Sector Duties set out under section 4 above, remove barriers or better promote equality. We are going to take action to ensure these opportunities are realised. <b>If you reach this conclusion, you must outline the actions you will take in Action Plan in section 5 of the Equality Analysis form</b>			
Continue the proposed change	We will adopt or continue with the change, despite potential for adverse impact or opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the change. However, we are not planning to implement them as we are satisfied that our project will not lead to unlawful discrimination and there are justifiable reasons to continue as planned. <b>If you reach this conclusion, you should clearly set out the justifications for doing this and it must be in line with the duty to have due regard and how you reached this decision.</b>			
Stop or amend the proposed change	Our change would have adverse effects on one or more protected groups that are not justified and cannot be mitigated. Our proposed change must be stopped or amended.			
Will this decision be considered at a scheduled meeting? e.g. Contracts and Commissioning Board (CCB) / Cabinet		Meeting title: <b>Cabinet</b> Date: <b>7<sup>th</sup> June 2021</b>		

### 7. Sign-Off

Officers that must approve this decision	
Equalities Lead	Name: Yvonne Okiyo Date: 28/05/21 Position: Equalities Manager
Director	Name: Rachel Flowers Date: 28/05/21 Position: Director of Public Health