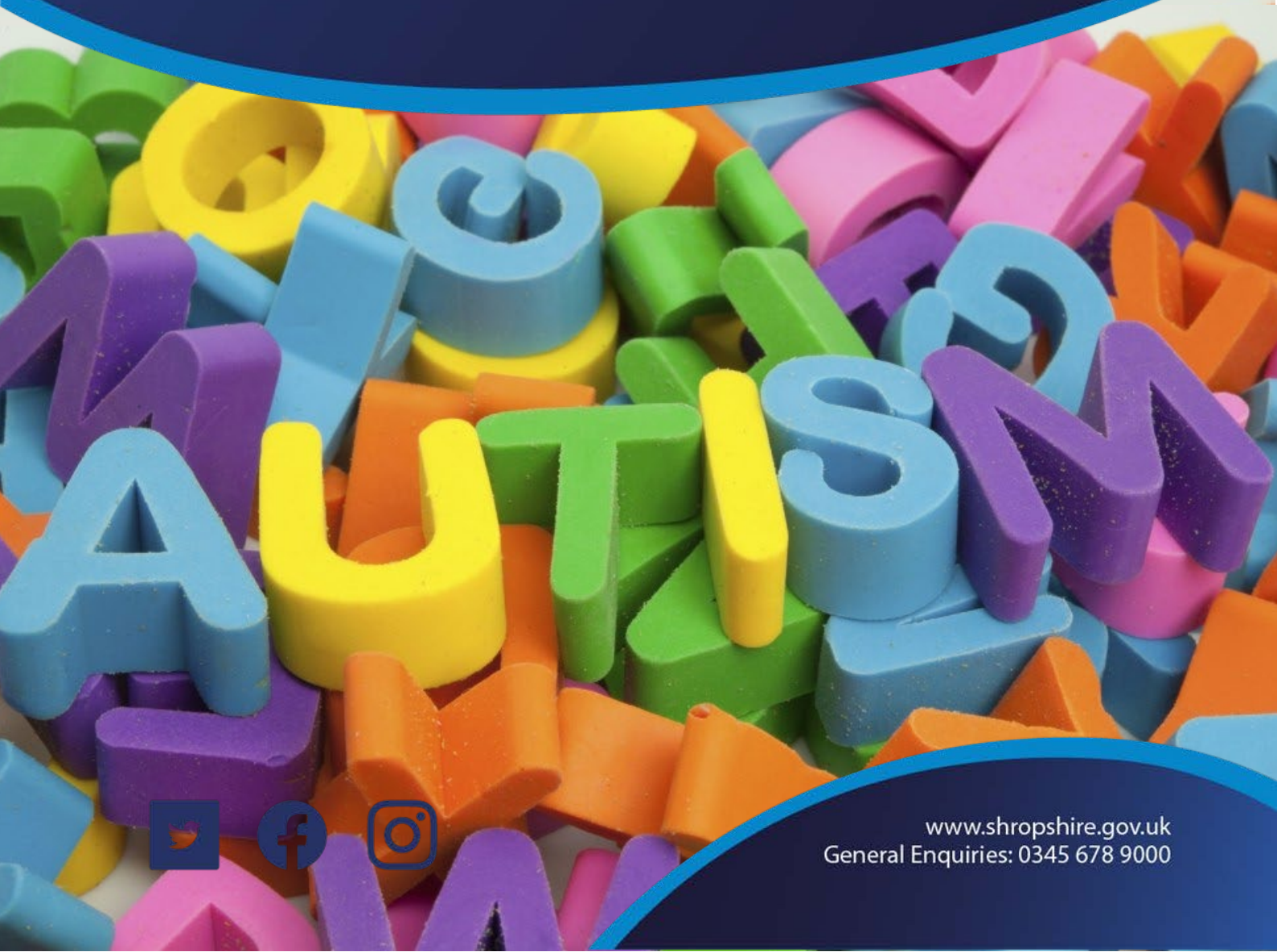
Shropshire Council

All Age Autism Strategy 2025-2030
Draft Strategy Consultation
Report

November 2025



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1 Background

Shropshire Council launched a consultation in September 2025 to gather views on a Draft All-Age Autism Strategy (2025-2030). The strategy aims to promote a cultural shift across Shropshire's services adopting an all-age approach and recognising the need for a more joined-up, proactive, timely and autism-accessible offer to enable people to live healthy and fulfilling lives. The strategy focuses on 5 important areas of service provision:

- Health and Assessment
- Education and Preparation for Adulthood
- Employment
- Housing and Social Care
- Criminal Justice System

The draft document has been developed through a collaborative approach with input from members of the public through previous engagement activity, and with partner organisations and other stakeholders. Working groups have influenced the development of the strategy and the contents of each theme and the strategic objectives and outcomes included.

To obtain further feedback on the draft document, Shropshire Council and its partners widely promoted a consultation to anyone with Autism able to provide experience of living in Shropshire and also from a wider audience to those with an interest in Autism, whether personal or professional.

The survey was open for almost 7 weeks from 22nd September until the 6 November. There was a slight technical problem for just over a day but this was quickly resolved and responses were received between the 29th September and 28th October 2025. Alternative response options were provided including email, post and bespoke options for anyone in need of reasonable adjustments. The consultation was promoted widely using Shropshire Council's newsroom, social media posts, through local newsletters and through word of mouth via Shropshire Council staff members. Although the response numbers were small, the responses that were received are very helpful and can be considered within the production of a final version of the strategy for formal agreement. Shropshire Council's Cabinet plans to consider the final version of the strategy in late 2025.

This report details the results of the survey within 5 main sections:

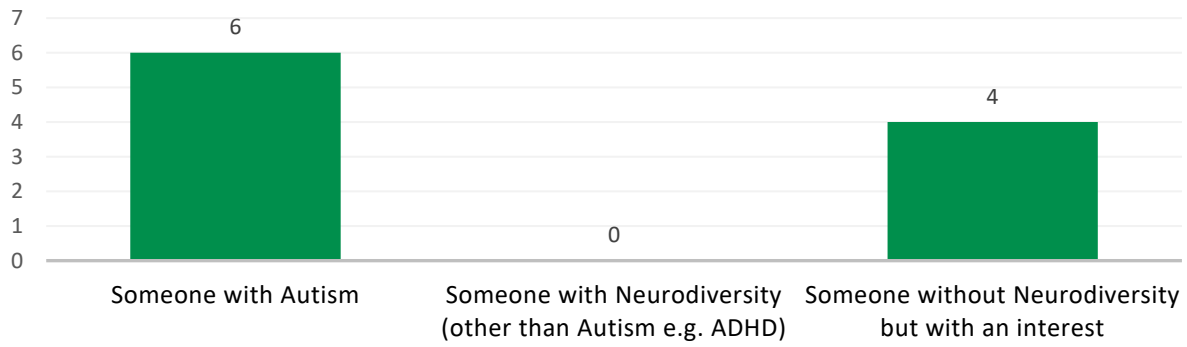
- **Section 1: Background** (this section) provides an overview of the survey and how it was promoted.
- **Section 2: Survey Response** covers those engaged within the survey to understand if feedback is representative.
- **Section 3: Overall Feedback** considers the general response to the draft document and levels of satisfaction.
- **Section 4: Comments and Suggestions** explores the comments made by the survey respondents for consideration in the production of the final version of the strategy.
- **Section 5: Summary and Conclusion** provides a brief summary and conclusion based on the overall analysis of the feedback received.

2 Survey Response

20 people responded to the consultation in total. Sixteen people responded using the online survey and a further 4 submitted email responses. In addition to formal responses, there were some social media posts and all of the information available has been combined and features within this report. Information about the respondents was only gathered through the online survey and therefore this section of the report focuses on the online respondents.

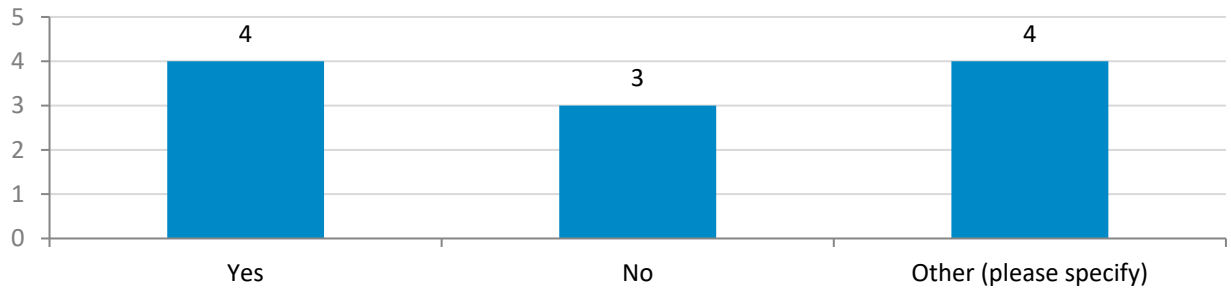
It was hoped that a proportion of consultation respondents would be people with Autism and able to consider the strategy from a more personal, rather than professional, perspective. Figure 1 displays the response when survey respondents were asked whether they have Autism or other forms of Neurodiversity. 6 of the 16 survey respondents were people with Autism and 4 did not have Autism or other forms of Neurodiversity but an interest in the subject area. 8 people made comments within the 'other' category. The comments explained that 2 of the survey respondents have ADHD and Autism (AuDHD), 4 care for a family member with Autism and/or ADHD, 1 described themselves as Autistic rather than a person with Autism and 1 has a professional interest through Day Services delivery.

Figure 1: Which of the following best describes you?



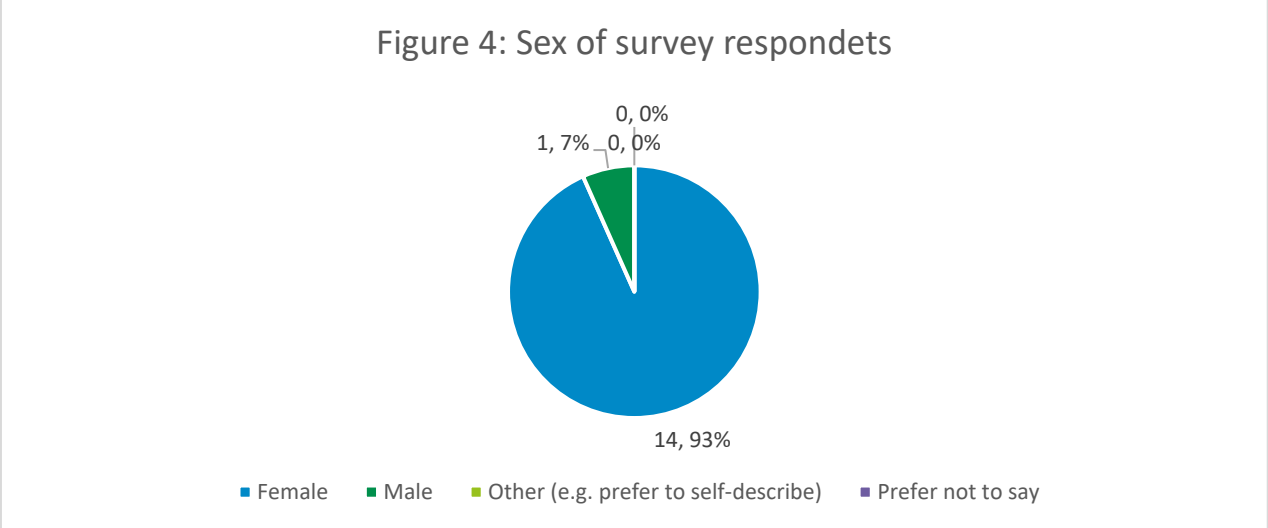
Those with Autism were asked if they had been diagnosed and Figure 2 presents the results. 4 of the survey respondents with Autism have been diagnosed and 3 have not. 4 made comments using the 'other' response option. 2 clarified their previous roles (as family members/carers), 1 explained that they were currently being assessed and one commented on an experience of misdiagnosis and the importance of AuDHD diagnosis for people with Autism and ADHD.

Figure 2: If you have Autism are you diagnosed?

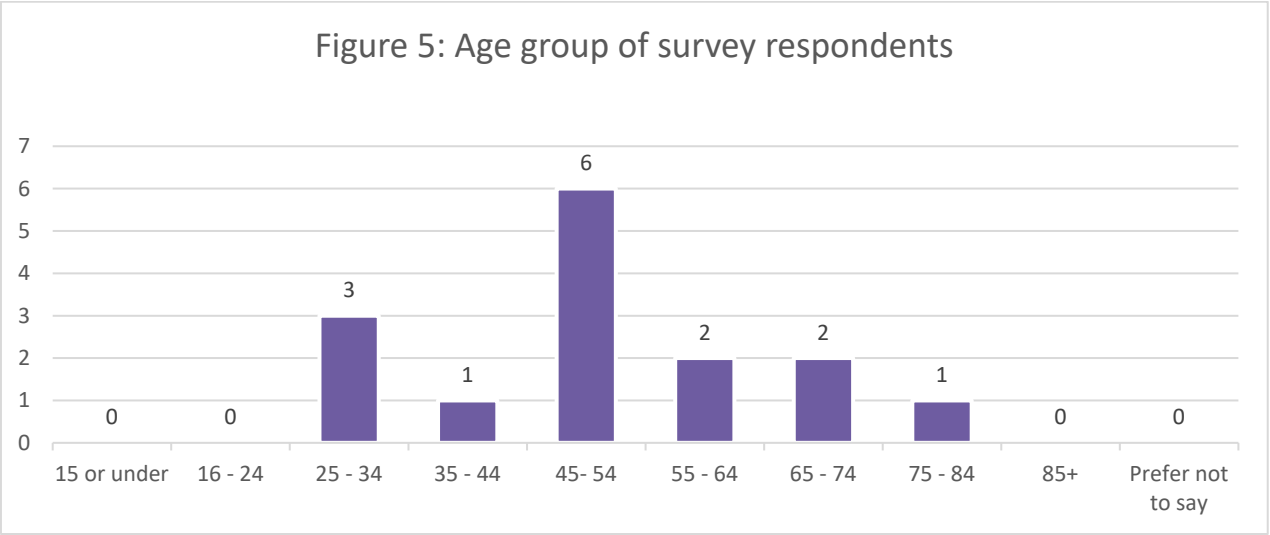


Each survey respondent was asked a little more about the way in which they were responding to the consultation. Figure 3 shows that some respondents had more than one reason to respond to the consultation. 10 responded as local residents, 2 as public sector workers, 2 as voluntary and community sector workers and 1 as a visitor to the county. The 3 other response reasons overlapped with the main response options (parent/carers and a local resident).

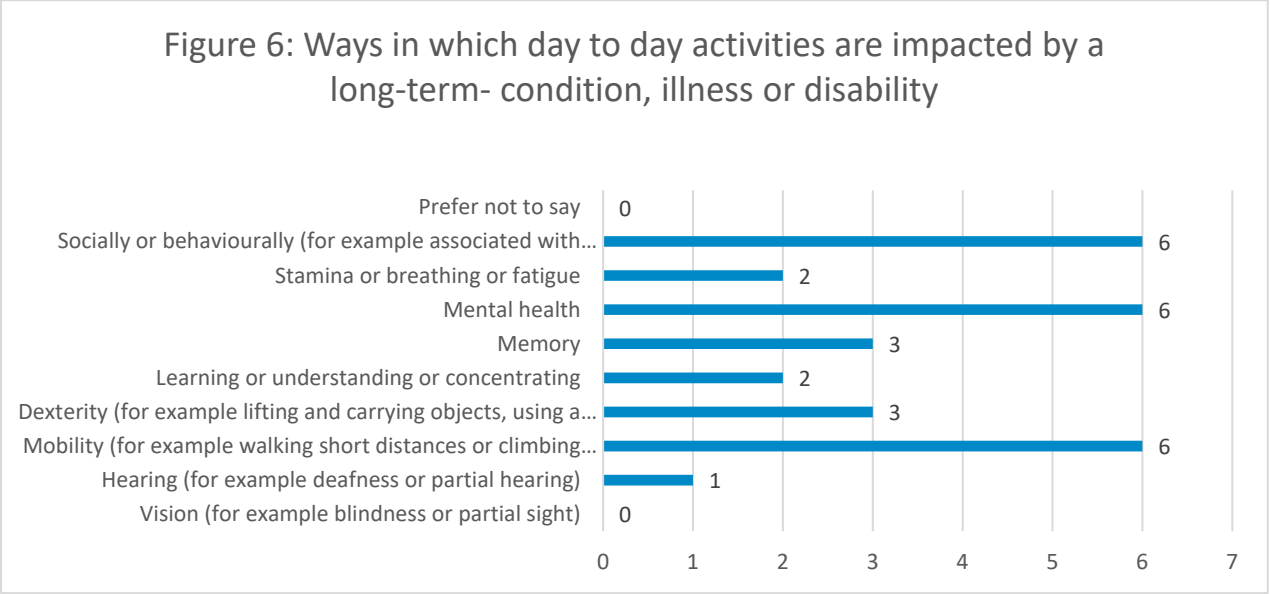
Figure 4 highlights that men were under-represented in the consultation with only 1 male respondent, 14 females and one respondent who preferred not to answer the question.



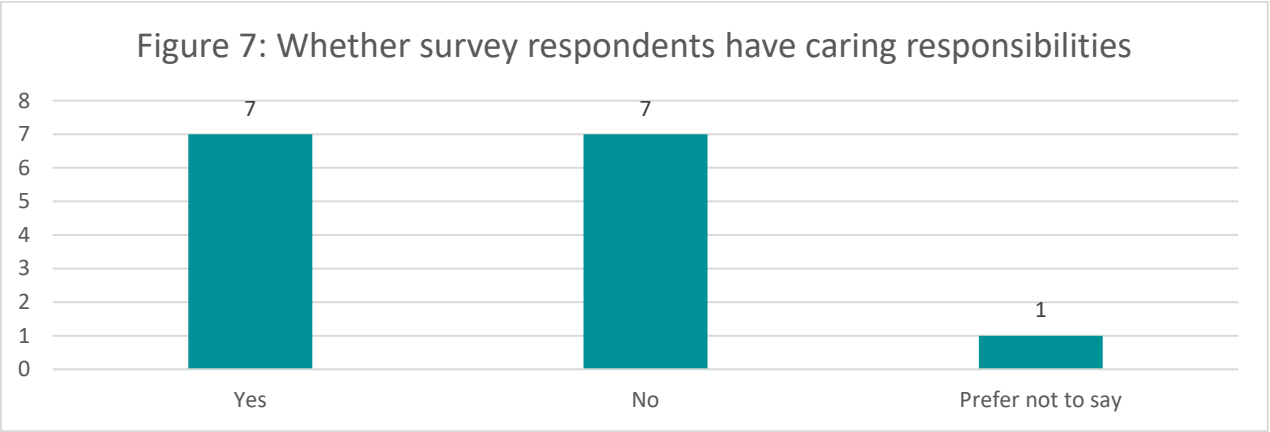
The survey respondents represented a mix of different age groups ranging from the 25-34 year group to the 75-84 year group. The result highlights that those under the age of 24 were not represented within the engagement. Often engagement with young people needs to be specifically designed for the audience and this is something that can be considered within the delivery of the strategy, as necessary. For example, comments on the strategy are not essential but if there are areas of delivery that need to be tailored to the younger age groups then engagement at that stage will be more beneficical.



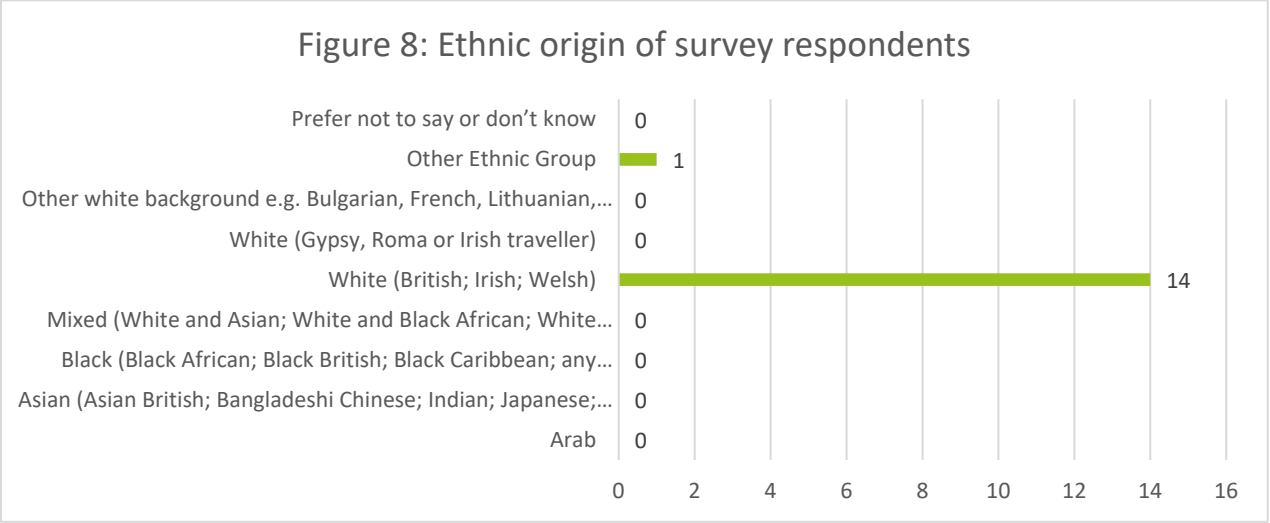
Other characteristics considered within the 'About You' section of the online survey included whether survey respondents have a disability impacting daily activities and the nature of disabilities. Of the 16 respondents 7 (47%) have a disability. Figure 6 displays the additional details and suggests that the day to day challenges and disabilities being faced by consultation respondents should be recognised in future engagement work. Mental health, social and behavioral challenges and mobility were highlighted by respondents for each category.

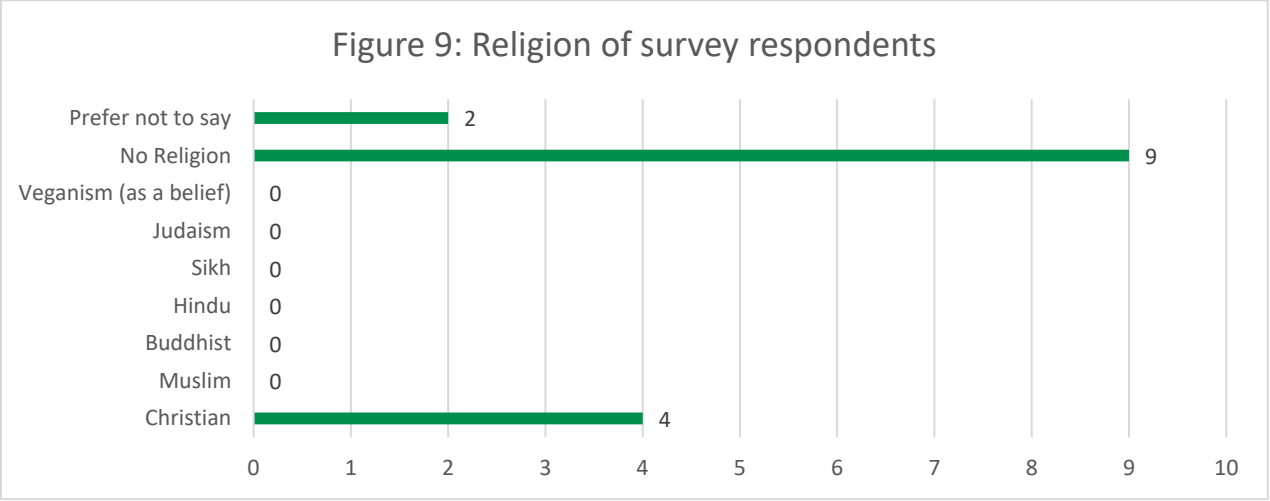


The survey also recognised the importance of caring responsibilities, both for those caring for someone with Autism and those who may have Autism and other neurodiversity (e.g. ADHD) caring for others. The question read 'Caring responsibilities: A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail disabled or has mental health or substance misuse problems. Do you regularly provide unpaid support caring for someone?' Figure 7 shows that 7 of the survey respondents have caring responsibilities and 7 do not (1 preferred not to say).



Figures 8 and 9 highlight the ethnic origin and religion of survey respondents and suggest that the small response numbers have prevented a more diverse representation from all communities in Shropshire. Despite the opportunity to participate being widely promoted it should be noted that those who participated are not necessarily representative of the wider population, and although their comments are very valuable, consideration of this should be taken into account within future engagement and the strategy delivery.



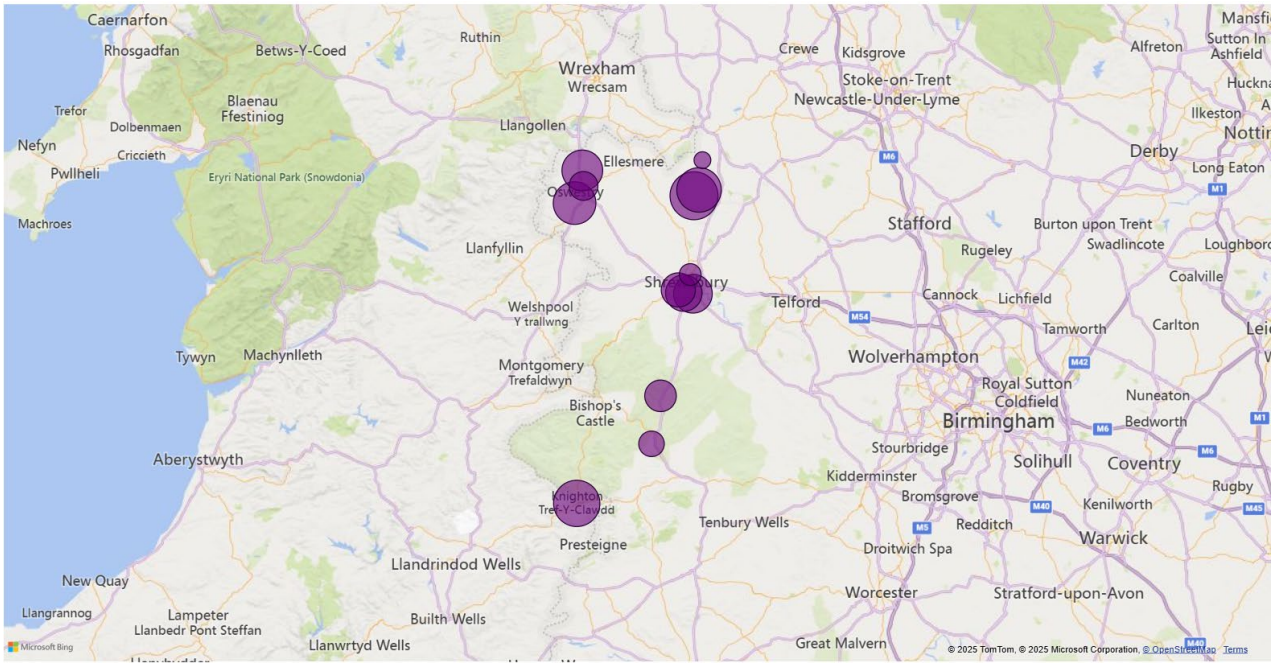


Shropshire Council has a duty to consider the needs and views of armed forced veterans, serving members and their families. Fortunately, one of the 16 survey respondents falls

within this group. Should additional engagement be required at a later date then targeted engagement may be possible through local networks.

The last ‘About You’ question asked survey respondents for their home location. The map below is an approximate location to avoid any identification but to ensure that Shropshire Council understands which communities have been represented and whether there are any geographical gaps. Map 1 shows the approximate location of survey respondents. The larger bubbles represent more than one survey respondent. The map highlights that there were responses from the north, central and southern areas within Shropshire with some urban and some rural locations represented. Given the small response to the consultation the geographical distribution is very positive.

Map 1 Approximate location of survey respondents within Shropshire

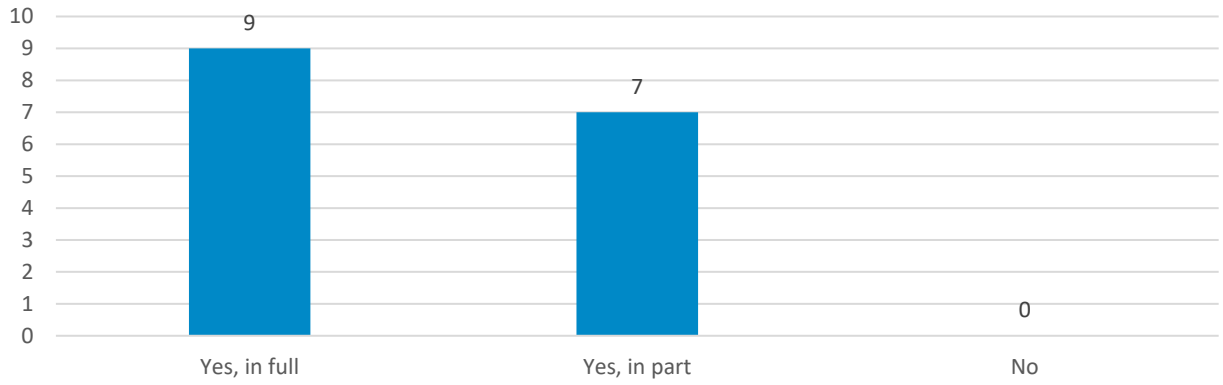


The next section of the report considers the more general feedback on the draft strategy document, considering overall satisfaction, satisfaction with main elements of the draft document and the strategy’s main themes.

3 Overall Feedback

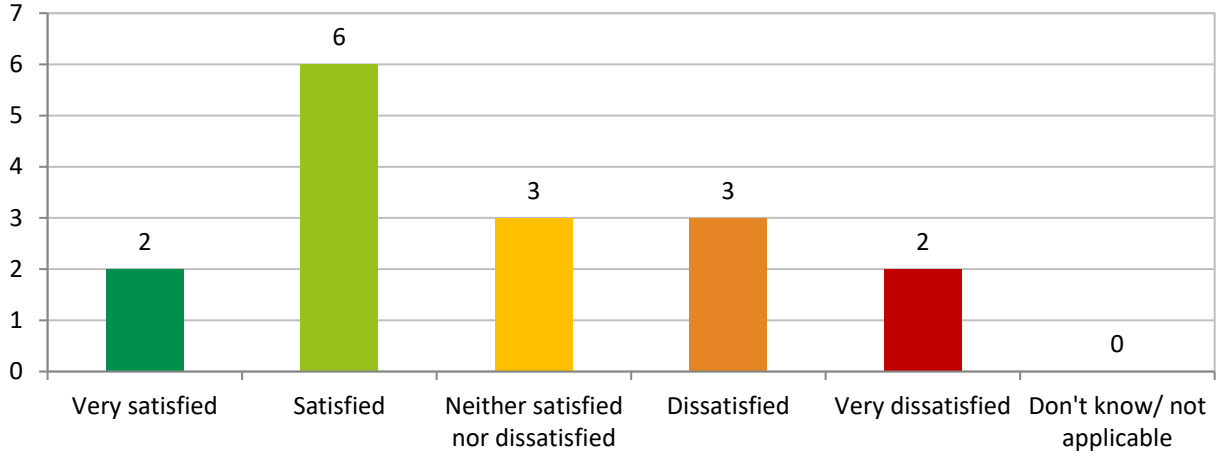
To understand the context for the feedback and comments, each survey respondent was asked whether they had read the Draft Shropshire Autism Strategy 2024 to 2030. Figure 10 shows the response, 56% responded to the survey after reading the draft strategy document in full and 44% after reading the document in part. None of the survey respondents had failed to read the draft document. This confirms the responses to the survey were well informed. The content of the 4 written consultation responses suggests they were also written after reading the draft strategy document.

Figure 10: Have you read the draft All Age Autism Strategy 20254 to 2030?



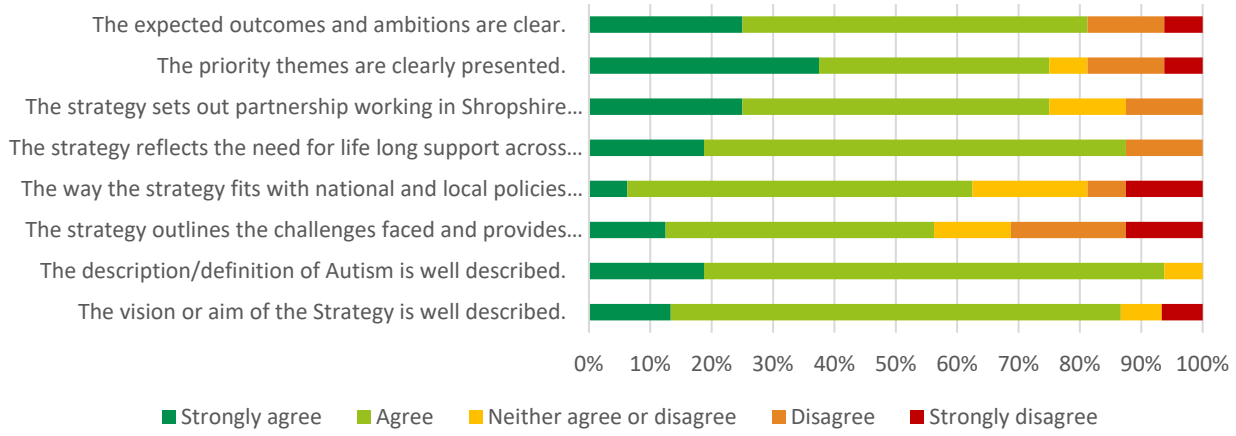
To understand how consultation respondents feel about the draft strategy document overall, a question was included within the survey which read 'Overall, how satisfied are you with the draft strategy?' Figure 11 displays the survey response. 50% are satisfied or very satisfied compared to 31% dissatisfied or very dissatisfied (others had a neutral view). Levels of satisfaction outweigh any concerns and this is also reflected within the written consultation responses. 3 of the 4 written responses were very positive with constructive suggestions with only one presenting some more mixed views (see section 4 of the report for more information).

Figure 11: Overall, how satisfied are you with the draft strategy?



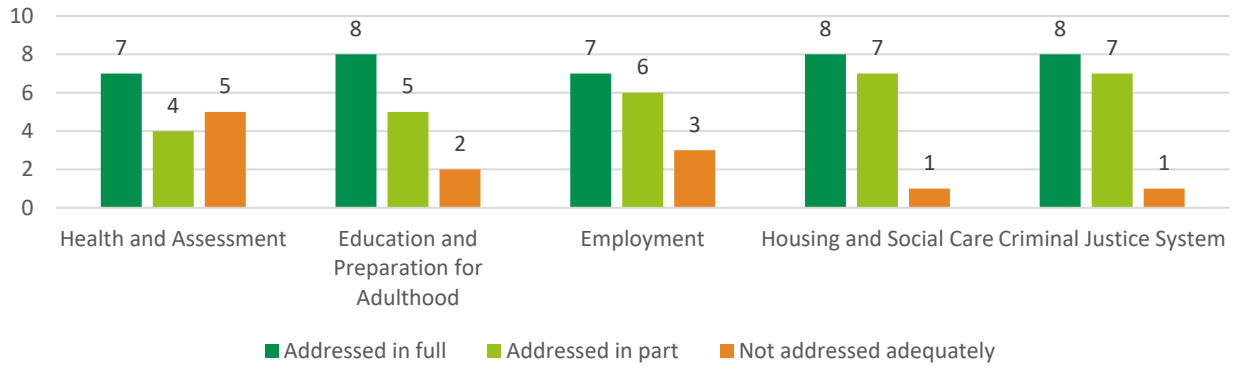
To explore satisfaction in more detail, views were collected in relation to each element or feature of the draft strategy. Figure 12 highlights that generally the feedback was very positive when asked more specific questions. The vast majority of respondents agreed that the description/definition of Autism is well described (no-one disagreed) and that the strategy reflects the need for life-long support across areas of service (two people disagreed). Areas of most disagreement (5 people) related to whether the strategy outlines the challenges faced and provides context. 3 people had concerns about whether the strategy fits with national and local policies and plans but more (10) were satisfied.

Figure 12: Please consider the following statements and select the response that best reflects your opinion.



Survey respondents were asked whether the 5 key themes covered by the startegy had been addressed within the draft. There was overall satisfaction within the responses with high levels of satisfaction with the housing and social care and criminal justice themes. Only one person disagreed that these two themes had been addressed in full or in part. 3 people had some concerns that employment had not been addressed adequately and 5 people that health and assessment had not been addressed adequately. Overall all themes were positively received with slightly greater concern about the health & assessment theme (Shropshire Council can work in partnership with the NHS but is less directly responsible for these areas of service).

Figure 13: The strategy sets out 5 main themes for action. For each, how well is it addressed?



Survey respondents were asked to explain any concerns. The concerns from survey

respondents relating to each theme are set out below (more information is covered within the next section of the report including the written consultation responses):

Theme Comments:

Health and Assessment

- *"What happens when someone is mis-diagnosed as not having autism in the past, when the criteria was based on research done on boys, where studies have now shown that females were more likely to have been diagnosed with mental health conditions. How can a female get re-assessed to ensure they get the support needed for comorbid conditions including autism, e.g. AuDHD?"*
- *"The Adult assessment needs to be sorted they use the children's practical to assess adults which is not acceptable."*
- *"How will these outcomes be achieved? It's unclear. There isn't any support for children in Shropshire. GP referred to BeeU. BeeU discharged. GP referred again. Assessment took place. Was assessed and advised support would be given. No support given."*
- *"Make frontline workers listen to the people who are coming to them asking for help instead of brushing them off. Give them better training."*
- *"You must combat the strong vaccine / Tylenol messages from the USA."*

Education and Preparation for Adulthood

- *"Early identification of barriers to learning and working."*
- *"More access to people to come and talk to young people in day services e.g. health professionals."*
- *"We have been waiting a year for EHCP. Child out of school. Council aren't providing education. You MUST address how the EHCP process is failing autistic children. This has to be included. It puts children in a worse position than they were in before applying! The lack of understanding and empathy is shocking. There are many families that are forced into home education by this council. Any strategy to improve the lives of autistic children and young adults needs to investigate / include this area. Secondary schools lack compassion."*
- *"… You want to stop crisis situations? You need to fix the complete failings and illegal actions of the EHCP team first and foremost."*
- *"Provide funding for adult autistics in education to receive the support they require in the classroom."*

Employment

- *"Work places need a buddy or named person to support people with autism."*
- *"Give employers funding for extra training, and accommodations that are needed to make the workplace viable for autistic people."*
- *"Mandatory training needed for managers, not just employers; too much ignorance".*

Housing and Social Care

- *"Yes more options to move away."*
- *"Safety."*

Criminal Justice System

- *"Yes, more help if life is in danger."*
- *"Speak to Forensic Carers perhaps?!"*

The next section of the report considers all the feedback and comments in more detail.

4 Comments and Suggestions

This section of the report considers the written consultation feedback and comments that were received during the consultation in addition to the written comments gathered through the survey. A few of the comments shared from Facebook have been included because they represent views of local people and provide helpful feedback (anonymized) but unfortunately some inaccurate and political information was shared through social media. Inaccurate, political or comments with derogatory language have not been included in order to prevent further misinformation being circulated. It should also be noted that some consultation respondents did highlight business or other interests in this work e.g. as providers of services that could be commissioned.

The comments from different response methods are brought together and presented in sections:

1. Concerns – The comments suggesting some dissatisfaction.
2. Positive feedback – What people like about the draft strategy.
3. Gaps – Areas of the strategy that consultation respondents feel need to be covered or developed further.
4. Strategy equality considerations (to understand impact and the need to consider the needs of people with one or more protected characteristics).
5. Other comments.

To illustrate some of the longer written responses, extracts are used as examples. All comments have been considered in full, and comments may be used to influence the production of the final strategy even if they are not used as examples within the report. A few respondents made the same point repeatedly and repetition has been avoided within this report in order to focus attention on the main points made and to avoid repetition bias.

1. Concerns

Comments

- *"I personally don't like the term autistic, I prefer to say I have autism."*
- *"Nowhere in this document is there any information regarding costings. Without an analysis of how much each very commendable proposal is there any figure of how much money will be required to put it into practice, and where this money will becoming from. Without any financial information it is all pretty meaningless."*
- *"It's unclear how any of these outcomes will be achieved. Without the 'how' it feels unfinished and unconvincing."*
- *"Strategy sounds wonderful but is unrealistic and unachievable! Focus on certain areas won't be delivered, data to evidence anything is manipulated, raw data is never shared and nothing is transparent, and data is manipulated to say what you want it to!"*
- *"To be effective, a strategy needs to have objectives that are SMART - specific, measurable, achievable, realistic and time-bound. Few of the outcomes meet these criteria. Could we drop vague terms like 'encourage', 'foster', 'promote' 'increase' and 'reduce' in lists of expected outcomes? They are aspirational but don't specify what actually needs to happen for those aspirational aims to be met."*
- *"Finding the strategy to read was a nightmare! All I kept getting was the Consultation which I couldn't answer at that stage! Why don't you have any links and papers like this proof-red by people on the spectrum like me?..."*
- *"The Adult ASD assessment the practical is done using the children's so it is not age appropriate and is degrading to adults."*

- *"The failings of the local authority in providing appropriate and legally entitled education and support to young people with autism. How can you have a mega plan to improve without first acknowledging these huge failings?"*
- *"Late diagnosed adults that don't require a lot of support but may may find themselves either regressing and needing more support or feeling able to work at some point didn't seem to be mentioned."*
- *"…..Young people can have co-existing mental health problems….the minute they reach 18 then they fall off the cliff, you refuse to refer them onto adult mental health…"*
- *"Please add a title or subtitle to the table on page 13 identifying what it shows".*
- *"On page 15, please note that the only people who attend autism training sessions currently are autistic people. Bosses are always "too busy". It *really* needs to be mandatory, especially in Shropshire Council. My SC boss told me that it was a good thing RFK Jr was looking into the connection to vaccines because something had to explain the rise in autism!"*
- *"There are multiple typographical errors, and inconsistencies in capitalisation, abbreviations and referencing."*
- *"The reasons for the increased prevalence of autism diagnosis, and the statistical explanation for the proportion of the population deemed 'neurodiverse', should be explained in the strategy; the draft gives misleading impression that 'neurodiversity' and autism are set on upward trajectories with no end in sight."*
- *"The draft strategy presents autism as a 'neurodivergence' in the context of the social model of disability, and the diagnostic criteria for autistic spectrum disorder focus on social interaction. It doesn't follow that autistic people face challenges involving only social interaction or the barriers they face in society. There is robust evidence that autistic characteristics are predominantly genetic in origin, and those genetic configurations can result in physical and mental health issues in addition to autistic characteristics, or that could cause autistic characteristics, e.g. variations in auditory and visual processing that cause hyper- or hypo-sensory functioning that in turn results in challenges with social interaction. Mary Coleman and Christopher Gillberg have written extensively on medical conditions associated with autism (e.g. Coleman & Gillberg, 1992)."*

Many of the comments are specific but the main themes from the concerns include:

- The importance of strategy delivery and available budget.
- The need to monitor implementation through measurable goals.
- Some concerns relating to the way Autism is described (it should be noted that the views of some of the respondents differ in this respect).
- The responses highlight concerns with local Special Educational Needs and Disability provision (a concern reflected nationally).
- The comments from respondents highlight the importance of detail and accuracy.

It should be noted that there is a theme throughout many comments suggesting some of the negative responses relate more to attitudes towards Shropshire Council perhaps more than the content of the strategy itself.

2. Positive feedback

Comments

- *"Thank you for drafting this strategy."*
- *"Can't wait to see this in action."*
- *"It's a first step towards a positive impact."*
- *"So pleased to read of the recent launch of the all age autism strategy. It is very much needed."*
- *"Very positive, looking forward to being part of its delivery!"*
- *"I think it's great that it exists and the difficulties of autistic people are represented quite well."*
- *"That it looks to address the assessment challenges - pathways, communication, wait list, etc. Extending the EHCP to continue for Employment - we are likely to be in work until 67/68 and*

having a disability passport to show what you need and preferences with communication, etc."

- *"I like that it exists! On the whole, it is on the right track and seems well researched."*
- *"I like that it mentions the strengths of autism, but it could mention how the GCHQ intelligence service thinks autistic individuals are crucial employees.."*
- *"The draft strategy presents rich data and outlines key issues relevant to autistic people in Shropshire. On the whole, the data are presented clearly, many important points are made, and much of the report is well-written."*
- *"Inclusive Mental Health Therapy Ltd (IMHT) welcomes the Shropshire All-Age Autism Strategy as an important step towards a more inclusive county. The vision to create autism-friendly practice across health, education, employment, housing, and social care is one we share."*
- *"Thank you for sharing the Draft Shropshire All-Age Autism Strategy… it is certainly reads as a valuable and robust document. I … noticed the strong presentation of issues related to the rise of Elective Home Education (EHE) and the pursuit of Good and Fair Employment which is great."*

The more positive comments include:

- Recognition of the work that has taken place and an appreciation that an all-age Autism strategy is a positive development.
- Comments suggesting that the contents of the strategy will lead to positive change and service delivery.
- Appreciation that the strategy recognises the challenges faced by people with autism.
- Appreciation of the research undertaken and the inclusion of available data.

3. Gaps and Suggestions

Some of the comments related to gaps and suggestions for changes linked specifically to a theme within the strategy. The comments did not cover all themes but there were comments related to health and assessment, education and preparation for adulthood and employment. There were also some other comments difficult to categorise under the main themes.

Health and Assessment

- *"…. section 5 - re-assessment where a previous assessment failed you in terms of misdiagnosis when Autism is only assessed as a standalone condition, when it is emerging how differently it 'looks' when combined with ADHD (AuDHD)"*
- *"The strategy still positions diagnosis as the gateway to meaningful support, leaving children and adults unsupported for years while on waiting lists. Recommendation: - Adopt a needs-first model where support (e.g., sensory-informed strategies, coaching, carer guidance) is available regardless of diagnostic status. - Commission community-based support hubs that can provide immediate regulation strategies, psychoeducation, and therapeutic input."*
- *"Sensory needs are mentioned but not embedded across the system. Without proactive adaptation of learning, health, housing, and workplace environments, autistic people remain excluded. Recommendation: - Mandate sensory-environment audits in schools, health settings, and housing projects. - Adopt established frameworks (e.g., Dunn's Sensory Processing Model) to inform adjustments. - Commission local providers (such as IMHT) to train staff in practical sensory-informed strategies."*
- *"… the genetic configurations that result in autistic characteristics could also cause physical and mental health issues. These could be in addition to autistic characteristics, or could cause them, or the autistic characteristics could precipitate the health issues."*

Education and Preparation for Adulthood

- *"Concern: While the strategy references neurodiversity, much of the framing remains deficit-based (e.g. school avoidance, employment "gaps"). This risks perpetuating stigma rather than fostering empowerment. Recommendation: - Ensure all interventions use strengths-based, identity-first, and neuro-affirming language. - Fund initiatives such as "This Is Me" profiles to enable autistic people to articulate their authentic needs and strengths."*
- *"Support frequently ends with EHCPs or school leaving, leaving autistic young people and adults isolated at key transition points. Recommendation: - Develop a lifelong passport system that follows the individual from school into FE/HE, employment, and adult services. - Commission local providers to deliver preparation for adulthood programmes focused on self-regulation, independence, and workplace readiness."*
- *"Many autistic children and young people have benefitted from being educated at home, but every mention of home education in the report lumps it together with school exclusion. This does not reflect a person-centred approach to education, and is contrary to s.7 Education Act 1996, which recognises the importance of education otherwise than at school."*
- *"More content about training in preparation for adulthood, employment or lifelong learning is required."*

Employment

- *"Under 'Local picture' (p.26), the second numbered point 3 (shouldn't that be '2'?) cites the number of people claiming Universal Credit in Shropshire, but doesn't explain that UC is a benefit that can be claimed by people in work…. And there's no mention of self-employment - often a good option for autistic people."*
- *"Concern: Training commitments are broad and inconsistent. Without specialist, neuro-affirming training, professionals risk perpetuating harm through poor understanding. Recommendation: - Move from "autism awareness" to autism competence and confidence. - Mandate neurodivergence-specific CPD for education, health, and social care staff, with a focus on practical skills (sensory, communication, regulation strategies)."*
- *"Elective Home Education (EHE): While the strategy's goal of improving school approaches to prevent unplanned EHE is crucial and well-presented, there seems to be an opportunity to further explore and develop a formal multi-agency protocol for when an EHE decision is made, instead of leaving it solely to the education system. To aid this, we are keen to continue learning, aligning, and sharing our knowledge. Specifically, a Multi-Agency EHE Review (involving Education, Health/CAMHS/ICB, and Social Care) could investigate the factors driving the decision and offer integrated remediation through appreciative approaches and system reviews. Hoping that some of this will be drawn out at our event on the 28th November which now has 29 registered, an event not about the numbers attending but having the right balance between community, NHS/ICB, welfare and education which it feels like it has."*
- *"We are also planning an approach at the moment to conduct research… to understand the long-term impact of being outside the education system. This research links to work on exploitation risk (undertaken by Solent), long-term health (explored through the NHS Ambassador programme), and offending risk (explored through YSS…."*
- *"Opportunities in Good and Fair Employment: The strategy outlines strong systemic policy shifts for employment, which we look forward to seeing Shropshire implement and taking learning from. I wonder if there are actions that could be strengthened around collaboration or the role of the community sector to support or work with employers, creating a stronger cross-sector system…."*

Other themes

- *"Strategy commitments to prevention are vague and risk being reactive, with families often only accessing help in crisis. Recommendation: - Embed early sensory and emotional regulation support at the first point of concern. - Provide therapeutic guidance for parents and*

carers, recognising their own emotional load and capacity. - Invest in multi-informant sensory profiling and therapeutic coaching to prevent escalation."

- *"Support for Families and Carers, concern: The strategy underplays the emotional and psychological toll on families. Carer support is described mainly in terms of navigation, not wellbeing. Recommendation: - Expand carer support to include direct therapeutic input, emotional regulation support, and peer groups. - Recognise carer burnout as a system-wide risk factor and commission preventative support accordingly."*

Some of the comments relating to the themes of the strategy and potential gaps include:

- Under the theme of Health and Assessment there are concerns about access to diagnosis, reasonable adjustments for sensory needs and the importance of recognising the link to mental health.
- There are requests to broaden the employment theme to cover self-employment, a wider range of training needs, a recognition of employment initiatives and other sectors (including the community sector) and additional information about Elective Home Education.
- Other comments relate to the importance of prevention activity and support for parents and carers.

4. Equality Considerations

A question was included within the survey which read 'Shropshire Council has carried out an Equalities, Social Inclusion and Health Impact Assessment for the draft strategy. This is to ensure that people of different protected characteristic groups are not adversely impacted by any changes delivered as a result of implementation. Issues of diversity and equality and health are important. Please use the space below if you have any other comments to make about the strategy's positive or negative impact on people with protected characteristics (including those with Autism, under the Disability characteristic).' There were 7 comments and all are shown below. There aren't any particular themes within the responses provided with each person making a different point.

- *"Appreciate a strategy for supporting people throughout their lives."*
- *"Just that some autistic people who have been dealt a suspended sentence is then villafied by the public."*
- *"But we are excluded from consideration by nearly every department - including the Blue Badge section!! Your lack of Autism training relating to people's jobs is woeful SCC!"*
- *"Again, the Community OT will not assess children who mainly struggle with sensory issues. Many, many children with autism have sensory needs as their main area of OT need. It's a huge issue. And then the LA will try and refuse much needed OT support in EHCPs on the basis of this policy. It's illegal and the amount of stress it places on families is monumental."*
- *"Diagnosis of autistic women is exceptionally hard to achieve with extremely long waiting times and doctors not believing that Adult women can go their whole life without having had a diagnosis in childhood. Professional frontline workers need to be more aware that autistic women of 25 years old and up have been a forgotten generation and therefore have associated trauma from having to mask for so long."*
- *"I think a strategy that includes mandatory training for managers and better inclusivity for all in a range of targeted areas can only be beneficial."*
- *"….Asperger's syndrome, is no longer an appropriate term to use."*

5. Other comments

The survey responses, written consultation responses and comments collected on social media included a range of other comments shown below:

- *"It's done a very good job of highlighting the issue, but not outlining the actual physical steps that will be taken."*
- *"Provide costings." and "Yes , zero financial information."*
- *"How will it happen?"*
- *"While the strategy sets out strong aspirations, there remain significant gaps between vision and delivery."*
- *"The Shropshire Autism Strategy sets an ambitious vision. To deliver on it, Shropshire must move from policy aspiration to practical, needs-led action….We strongly recommend: - Commissioning community sensory hubs and therapeutic support packages. - Embedding lifelong, needs-first, neuro-affirming practice. - Investing in early, preventative, sensory-informed interventions that reduce long-term costs and crises."*
- *"The Strategy is unable to be read by people on the Spectrum such as myself. The print is too small, the Sections too unclear and the aims of each section not clearly stated. Where is the Easy Read version of it?!!!!"*
- *"Need to feel welcome is really important… we would like more access to guest speakers. Especially people who can come and speak to them about relationships, hygiene and mental health."*
- *"Please look further into the education crisis for autistic children. So many children are left without an education due to the poor understanding and competence of the EHCP team. Please, please fix the EHCP process. Stop trying to save money when it comes to children's lives. We shouldn't have to fight like this, to go through all of this stress just to secure the bare minimum that our children are entitled to."*
- *"My experience comes from being a parent of a profoundly autistic son…The importance of Personal Centred Planning is absolutely vital. For someone who is profoundly autistic, has severe learning difficulties and is non-verbal, generic training cannot stand alone. Understanding the individual is paramount. Continuity averts crisis. So much can be achieved with the right support. Wellbeing and being a valued part of the community."*
- "Keep the Actio Shropshire going, children get some much out of it."
- *"One of the expected outcomes is that people feel listened to, empowered and supported. That's desirable, but even more desirable is that people are listened to, empowered and supported - all of which are objective rather than subjective outcomes. Could we replace 'feel' with 'are' in the outcomes?"*
- *"Thank you for putting this strategy together. It is very good, and I hope it gets the attention is deserves and leads to definite actions being taken."*

The other comments highlight a few common themes for consideration within the next stages of work, decision making by councillors, and the strategy implementation:

- Concerns that the All-Age Autism Strategy will not be adequately funded.
- Concerns about the capacity of Shropshire Council and its partner organisations to deliver the strategy in full.
- Some appreciation for the work that has taken place on the strategy and the existing services and support available.
- Requests for future engagement by parents and carers (SEND service pressures appears to be a particular area of concern, as seen within other sections of the report).

Some of the comments used as examples within this section of the report suggest that public perception may not be entirely accurate within some areas and that more communication is needed to develop greater awareness. This links to areas of service responsibility, existing provision (e.g. preventative services, information, advice and guidance), available data etc. The final section of the report provides a summary of the 20 consultation responses and the main themes from the feedback provided.

5 Summary and Conclusion

Shropshire Council's consultation on its Draft All-Age Autism Strategy (2025–2030) launched in September 2025. The strategy aims to foster a cultural shift in service provision across Shropshire, promoting a joined-up, proactive, and autism-accessible approach to enable people with autism to live healthy and fulfilling lives. The strategy focuses on five key areas: Health and Assessment, Education and Preparation for Adulthood, Employment, Housing and Social Care, and the Criminal Justice System. The draft was developed collaboratively, with input from the public, partner organisations, and stakeholders.

The consultation ran for nearly seven weeks, receiving 20 responses (16 online, 4 via email), supplemented by social media feedback. Respondents included people with autism, carers, professionals, and others with an interest in autism. Demographic data showed a predominance of female respondents, a range of age groups (though none under 24), and a significant proportion reporting disabilities and caring responsibilities. Ethnic and religious diversity was limited, reflecting the small sample size.

Overall Feedback

Most respondents had read the draft strategy in full or in part, ensuring informed feedback. Satisfaction levels were mixed but more positive overall: 50% were satisfied or very satisfied, 31% dissatisfied or very dissatisfied, with the remainder neutral. Written responses were generally positive and constructive, only one expressed more mixed views. Feedback on specific elements of the strategy was largely positive, especially regarding the description of autism and the need for lifelong support. However, concerns were raised by a small numbers of respondents about whether the strategy adequately outlined challenges (5) and aligns with national/local policies (3). Satisfaction was greatest for the housing/social care and criminal justice themes, while health/assessment and employment drew more feedback and suggestions compared to other themes. Some of the challenges within these areas relate to reliance on other organisations to deliver work. Although partnership working is in place and central to strategy delivery, the challenges faced by external, independent organisations should be recognised (such as budget constraints and service pressures).

Concerns

Delivery and Funding: Many respondents questioned the realism and achievability of the strategy, citing a lack of financial detail and measurable objectives.
Clarity and Accessibility: Some found the strategy difficult to access or understand, and there was a suggestion that an Easy Read version would be helpful.
Assessment and Support: Concerns were raised by one respondent about misdiagnosis, especially for women and adults, and a point was also made about the use of child-focused assessment tools for adults.
Education and EHCPs: Dissatisfaction was expressed regarding the Education, Health and Care Plan (EHCP) process, perceived failings in local SEND provision, and the need for more compassionate and effective support. This feedback reflects nationally reported pressures within the SEND system.
Employment: Included within the comments were calls for mandatory training for managers, workplace accommodations (recognising sensory needs), and support for self-employment opportunities or support for people with Autism.
Data and Accuracy: Requests for clearer data were included alongside some very

specific comments on the draft strategy formatting and wording. It should be noted that some of the comments conflicted, highlighting that survey respondents have differing views on how Autism should be presented and terms worded.

Positive Feedback

Strategy Development: There were quite a few comments highlighting an appreciation for the existence of an all-age autism strategy and recognition of the challenges faced by autistic people.
All-Age Approach: Comments suggested support for the all-age approach taken within the draft strategy.
Comprehensive and well researched: There was praise for the research and data included, and optimism about the potential for positive change.

Gaps and Suggestions

Needs-Led Approach: Comments included the recommendation to provide support based on need rather than diagnosis, and to commission community-based support.
Sensory Needs: There was a call for mandatory sensory-environment audits and training in sensory-informed strategies.
Strengths-Based Language: A suggestion was made to use neuro-affirming, strengths-based language throughout.
Lifelong Support: The comments included a proposal for a lifelong passport system to support transitions from education to employment and adult services.
Employment: Requests for more focus on self-employment and cross-sector collaboration.
Prevention and Carer Support: Emphasis on early intervention, therapeutic support for carers, and recognition of carer burnout.

Other comments highlighted the need for inclusivity, mandatory training, and recognition of the challenges faced by autistic women and carers. Additional feedback included requests for clearer implementation steps, costings, and practical actions. Concerns about funding and capacity to deliver the strategy were reiterated, alongside appreciation for the work done and calls for ongoing engagement with parents and carers.

Conclusion

The consultation on Shropshire's Draft All-Age Autism Strategy (2025–2030) revealed a broadly positive reception to the strategy's aims and the collaborative approach taken in its development. Respondents valued the recognition of autistic people's challenges and strengths, and the ambition to create a more inclusive, joined-up system of support. However, there were some concerns regarding the strategy's deliverability, funding, and the clarity of its objectives. Respondents emphasised the need for measurable, realistic goals, transparent data, and practical steps for implementation. The importance of adopting a needs-led approach, embedding sensory-informed practice, and providing lifelong support were repeatedly highlighted. Education and SEND provision emerged as an area requiring attention along with support for autistic children and young adults. Employment support, including mandatory training and workplace accommodations, was also identified as a suggestion.

In summary, while the strategy is a welcome and much-needed step forward, its success will depend on robust implementation, adequate funding, and a sustained commitment to partnership delivery. Some of the key points within the feedback will now inform amendments to the draft document prior to the final version being presented to Shropshire Council's Cabinet for agreement in late 2025.

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ND support charity
NHS

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- Community Paediatricians Service
- Midlands Partnership University NHS Foundation Trust (MPFT)
- NHS Midlands and Lancashire CSU
- School Nursing and Nursery Nurses Service
- Shropshire Telford & Wrekin Integrated Care Board (ICB)
- Shropshire Community Health NHS Trust
- West Midlands Health & Justice NHS England

Oswestry SEN Parents
Parent and Carers Council (PACC)
Shrewsbury Colleges Group
Shropshire Autism Hub
Shropshire Council

- Adult Social Care
- Children's Social Care
- Children's Services - Learning and Skills/Educational Psychology
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