

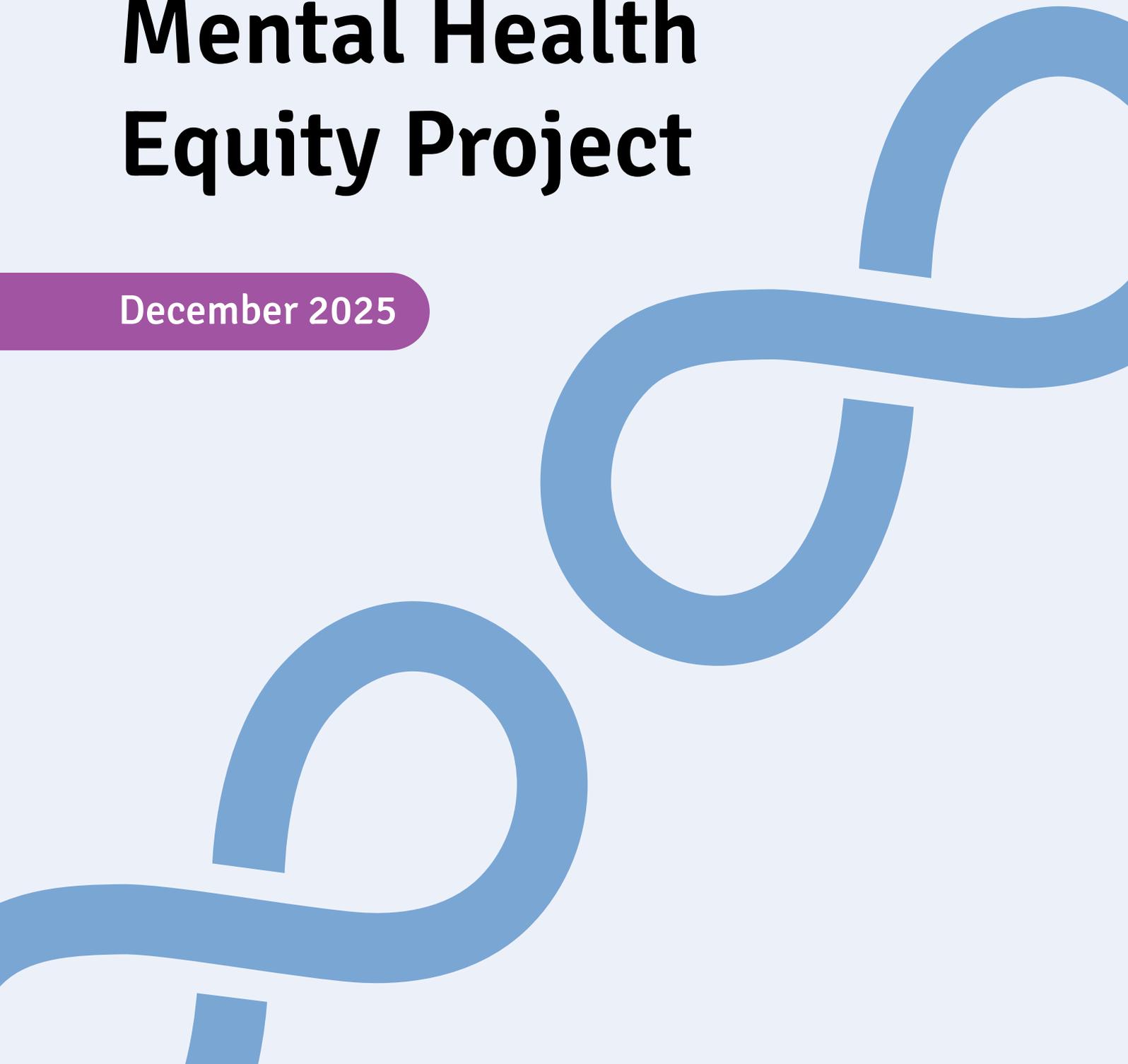
**The
Advonet
Group**

Providing Independent Advocacy



Mental Health Equity Project

December 2025



Welcome

I'm so pleased to share this report on the Mental Health Equity Project: a piece of work that shows what is possible when autistic-led insight, thoughtful partners and dedicated teams come together with a single purpose: to make mental-health support truly accessible and meaningful for autistic adults.

We designed this project, as in all of AIM work, in collaboration with autistic people locally who consistently raised difficulties of access to mental health service as the issue that was most important to them. This continues to be the most pressing issue for autistic people regionally, as reflected in the recent prioritisation of improved autism mental health access in the West Yorkshire neurodiversity programme.

There are an estimated 45,600 autistic people across West Yorkshire, over 35,000 adults, and autistic people increasingly outnumber other cohorts in mental health inpatient units, at a high cost to autistic people and the wider system. The recent Time to Deliver (HoC, 2025) report found that autistic people are still experiencing barriers of access to early, effective mental health support, despite many years of recommendations. This is mirrored locally, with autistic people citing improved access to mental health support as a high priority for them.

Through the project, we wanted to increase autism-led mental health peer support locally, support wider services to increase access through consultation, training and resources and ensure an autistic voice was better included in mental health planning.

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The progress recorded here is a testament to the commitment, creativity and sheer hard work of the Autism AIM team, our colleagues across West Yorkshire and the many organisations who have listened, acted and changed alongside us.

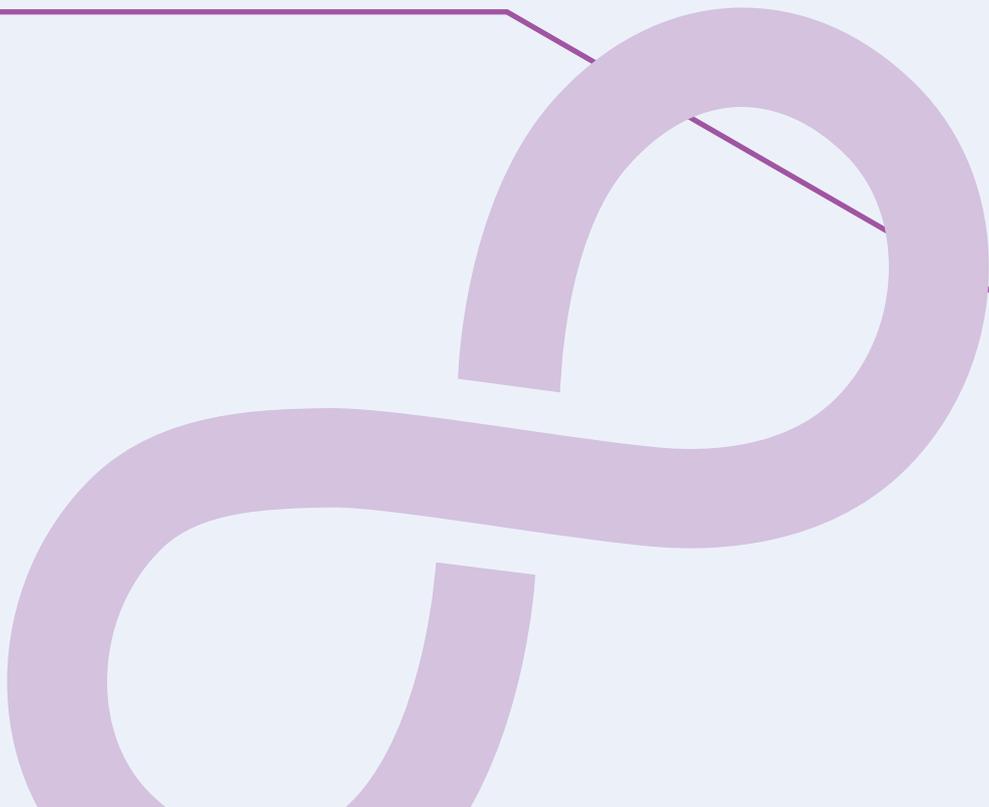


What matters most to me is that every change described, from peer groups and practical guides to environmental audits and shifts in clinical practice, was shaped by autistic people themselves. Those lived-experience voices have driven the priorities, tested the tools and steered the partnerships; this report captures the difference that co-production makes, not as a slogan but as real improvements that people feel in their daily lives.

Thank you to everyone who has played a part: Comic Relief funders, staff, volunteers, partners and above all the autistic adults who trusted us, shared their stories and helped design solutions. This report is both a celebration of what we've achieved together and a clear call to continue the work to sustain the gains, fill the remaining gaps and keep autistic people at the centre of how services are built and delivered across our region.

Wendy Cork

Development Director, Advonet.



Executive summary

Mental Health Equity Project (MHEP)

The Mental Health Equity Project set out to make mental health support more accessible, relevant and effective for autistic adults across Leeds, Bradford and Craven. Building on the Autism AIM model, it combined peer-led groups, co-produced resources, workforce training and system influence, embedding autistic voice and leadership into every strand of delivery.

Over four years the project achieved tangible change across many different areas:

Peer groups were well attended and consistently rated as safe, trusted spaces with **over 310 attendances** between August 2024 and October 2025 alone.



100% of sampled participants reported increased confidence.

Training reached over 120 advocates, social prescribers and third-sector staff, with another 49 co-facilitators also being trained. **94%** of people trained reported increased knowledge and led to partners embedding autism-aware adjustments into everyday practice.

Consultation routes translated directly into system fixes, from new reasonable-adjustment fields in clinical records to environmental changes in NHS settings.



Resources were accessed at scale, with **over 15,660 downloads** - including 12,450 PIP guides - and 93% of users reporting they were effective self-advocacy tools.

These outcomes matter because they reduce stress at critical access points, improve navigation through complex systems and build confidence and belonging among autistic adults. Partners described Autism AIM as a trusted ally, “in your corner cheering you on,” and valued its lived experience leadership and practical outputs.

Key learnings to support future delivery are clear: peer facilitation roles need to be formalised and resourced; referral routes must be simplified and co-designed; staff require ongoing supervision and support to sustain practice change and resources should be maintained in a single, accessible gateway for clinicians and partners.

Taken together, the MHEP demonstrates that autistic-led, co-produced approaches can deliver both immediate improvements and longer-term system influence. Sustaining these gains will require investment, but the model offers a credible, practical route to embedding autism-aware mental health support across West Yorkshire and beyond.



What is the Mental Health Equity Project and what did it set out to achieve?

The Mental Health Equity Project (MHEP) was established to improve access to autism-specific mental health support for autistic adults across Leeds, Bradford and Craven. It built on the proven effectiveness of autistic-led services developed through Leeds Autism AIM and sought to extend these approaches regionally in partnership with organisations including **Leeds MIND**, who were also a recipient of Comic Relief funding for this work.

At its core, the project was designed to tackle persistent gaps in provision by embedding autistic voice and leadership into every strand of delivery. The model combined direct peer support, practical resources, workforce training and system influence, ensuring that autistic adults could both access immediate help and shape longer-term service change. **The core components of the project were:**

Peer support and post-diagnostic pathway

Recurring online and in-person groups across Leeds, Bradford and Craven (all with a mental health focus were co-facilitated by autistic staff and volunteers).

Leeds MIND worked alongside AIM to adapt their established peer support model, ensuring formats were accessible and responsive to autistic needs.

Peer-facilitator training and light navigation/follow-up support strengthened continuity and retention.



Co-produced resources

Plain-language toolkits such as the PIP guides, easy-read mental health packs, “stress bucket” adaptations and topic packs were developed and tested.

These resources empowered individuals to put forward their needs and gave partners ready-to-use materials for appointments, advocacy and training.

Training and workforce development

Hybrid Autism Equity training (Levels 1-2), webinar recordings and reflective follow-ups, equipped advocates, social prescribers and third-sector staff with practical skills.

Leeds MIND contributed their expertise in peer support training, drawing on learning from their ‘Side by Side’ programme to embed autism-aware practice.

Systems and partnership work

Consultation routes, environmentals/sensory audits, reasonable-adjustment fields in clinical records and representation on neurodiversity/ ICB working groups created direct influence on service design.

The seconded health role linked feedback into West Yorkshire and Harrogate Health and Care Partnership structures, ensuring suggestions were acted upon.

Monitoring and evaluation

The project was supported by a robust monitoring and evaluation framework, including quarterly monitoring, training registers, biannual/annual surveys, process evaluation and a year 4 outcomes survey. Independent evaluation verified the credibility of the MEL approach and provided evidence of both immediate outcomes and system-level influence.

Why is the Mental Health Equity Project needed?

Summary

Autistic adults across Leeds, Bradford and West Yorkshire face persistent, avoidable barriers to timely, autism-informed mental health support. Multiple surveys, group feedback and partner interviews show a consistent picture: high unmet need, complex co-occurring conditions, inaccessible mainstream pathways, and strong user demand for autism-specific therapy, peer-led offers and simple, actionable access fixes.

Key facts

Societal issues: the 2019 report of the All Parliamentary Group on Autism (APPGA) highlighted:

8%

Only 8% of autistic adults felt things had improved.

76%

76% reached out for mental health support but did not access.

71%

71% were not getting the support they needed.

66%

66% thought about taking own lives and 35% attempted suicide (2018).

4%

Only 4% had enough support after diagnosis.

Deteriorating mental health:

A local commissioners' survey of autistic people found over 70% of autistic people reported worse/much worse mental health during the Covid period.

Access gap: Only 5% of respondents have funded support; 58% said NHS autism-specific therapy is not accessible while private therapy is easier to reach but inequitable. *Leeds Autism Reference Group's MH Survey (2023)*





Rising numbers: The numbers of people diagnosed as autistic in mental health inpatient settings is increasing; data collected by NHS England shows an increase of 7.3% in the numbers of autistic inpatients (both with and without a learning disability) in mental health hospitals between March 2017 and August 2023 and an increase of 51.3% in the numbers of autistic inpatients without a learning disability in the same timeframe.

Welfare access stress: Persistent issues with Personal Independence Payment (PIP) assessments and appeals contribute to anxiety, executive functioning overload and sustained uncertainty. High demand for the MHEP's PIP guides indicates large numbers of autistic adults are managing complex benefit processes without appropriate adjustments, which compounds mental health deterioration and increases the need for timely, autism-aware support.

Co-occurring Conditions and Needs: Our surveys show 90% of respondents are diagnosed autistic (78% as adults) with 10% waiting for a diagnosis. The vast majority report at least one co-occurring neurodevelopmental or mental health condition with only 2.5% report no additional needs.

What people want: 84% request autism-specific therapy; 80% ask for autism-specific resources; 73% want staff autism awareness training; 71% want written summaries / information processing adjustments. *Leeds MHEP client survey (2025)*

Partner perspectives: A survey from our local diagnostic team found that only 38% of LYPFT staff were confident supporting autistic people and autism diagnoses are still not routinely recorded on patient information systems, leading to 'equity gaps' in support provision.

House of Lords Special Enquiry Committee Report 2025

This newly released report adds further depth to our understanding of the crisis affecting autistic adults in the UK, stating that: too many autistic people are unable to access the support to live well in the community and fall between gaps in Mental Health and Social Care services. Failures to provide timely, effective support also increase the risk of crisis. There is a need for low level integrated support to prevent care needs from developing and escalating. The support often costs little but makes a big difference. Planning should increase the involvement of autistic people and those that support them in the development and delivery of services at every level.

Specific to mental health:

- About 40% of autistic people have a classifiable or diagnosable mental health problem recorded with their GP, compared to about 11% of people in the general population and a quarter of people with ADHD.
- Increased risks of suicide with 34% reporting suicidal thoughts and 24% attempting.
- Although mental health services generally face high demand, autistic people face a particularly large gap between their mental health needs and access to services. One study found 60% of autistic people wanted mental health support but only 20% had received this.
- Unmet support needs are a risk factor for increasing mental health difficulties and there is a lack of appropriate adjustments in mental health services , including adapted screening tools and therapeutic interventions and a lack of understanding and training among mental health staff.
- Unacceptable risk of harm for autistic people in health and care settings, including as inpatients.

- A national framework for the integration of healthcare and community support for autistic people to prevent care needs from developing and escalating, underpinned by a plan to develop capability in the health and care workforce.
- A clear timeline and roadmap for strong community services to be put in place and provisions in the Mental Health Bill to prevent the unnecessary detention of autistic people and people with a learning disability.
- Statutory guidance to ensure people are able to raise and escalate concerns about failures, risks to keep people safe and how services will be held to account for such failures.

What autistic people fed back to us

In addition to the context above, across the course of delivering the MHEP, Autism AIM facilitated a series of conversations and evaluations which surfaced further insight on the challenges that autistic adults face within local and national mental health services:

Harmful or inappropriate clinical responses:

“I was discharged because I am autistic... repeatedly told services were ‘not appropriate’ for my needs.”

“I was denied funding for autism specific services.”

Harmful or inappropriate clinical responses:

“CBT was actively harmful to my mental health.”

“Professionals have repeatedly misunderstood autistic needs and categorised times when I am non-verbal as wilful disengagement.”

Navigation, waiting and process problems:

“I was on the waiting list since November 2021... I’m still on it one year and 9 months later.”

“Complicated access processes.”

“Lack of support during waiting periods.”

Group engagement and format issues:

“No one really said anything, it made me wonder why they were there. I felt a bit misplaced there.”

What impact did the Mental Health Equity Project have?

Overview

Over the course of the four-year programme, the Mental Health Equity Project delivered tangible changes for autistic adults, frontline workers, and partner organisations. Outcomes were adapted in response to underspend reallocation, partner-led delivery changes (notably with Leeds MIND) and new monitoring approaches. Taken together, the evidence shows that MHEP achieved more than isolated outputs: it built confidence and belonging, shifted everyday practice, produced system-level fixes, and created resources that function as upstream mental health support.

Outcome 1: Increased access to autism-specific peer support for autistic people

The headline: **Peer groups did not just attract attendance, but also built confidence, belonging and trust.**

Evidence: Successfully co-developed the peer facilitation model, whilst training a variety of staff and external partners. The forums have already achieved 311 attendances between August 2024 and November 2025 (Leeds 194, Bradford & Craven 117), with average attendances of 12.1 in Leeds and 7.3 in Bradford and Craven. **100%** of sampled attendees reported increased confidence in participation. 80% rated autistic-led facilitation as a major strength; 80% said groups were more effective than other services.

Summary: Peer-led, co-produced delivery created safe spaces where autistic adults felt able to share, learn, and connect, providing a vital support mechanism to counter to isolation and exclusion.

Outcome 2: Better equipped frontline workers (advocates/social prescribers)

The headline: **Training shifted practice, embedding autism-aware adjustments into everyday advocacy and referral.**

Evidence: 77 advocates trained; 52 third-sector trainees; 67 social prescribers trained. 94% reported increased knowledge; 70% reported increased confidence and 92% said it met or exceeded expectations.

Summary: Lived-experience led training gave credibility and immediate relevance to the subject matter. Partners reported adopting “easy win” adjustments and embedding resources into workflows, improving signposting and advocacy for autistic adults.



Outcome 3: Stronger consultation routes and system influence

The headline: **Consultation translated directly into system fixes, ensuring autistic voices shaped service design.**

Evidence: Seats gained on steering groups and regional forums; consultation groups established; actionable requests fed into service plans.

System changes: Reasonable-adjustment field added to clinical records; environmental/sensory audits produced physical changes (dimnable lights, decluttered layouts); Leeds MIND accessibility improved from 49% to 92%.

Summary: By securing governance representation and co-chairing boards such as the Healthy Minds Board, Autism AIM ensured autistic perspectives were not only heard but acted upon, producing measurable service improvements.

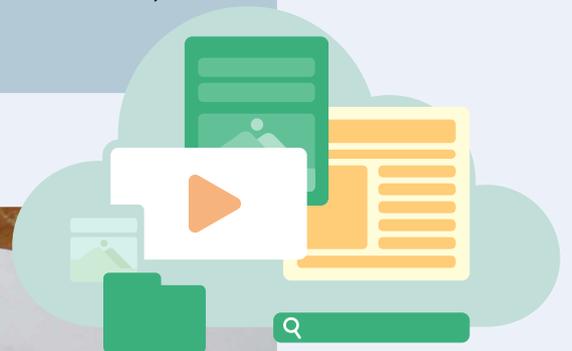
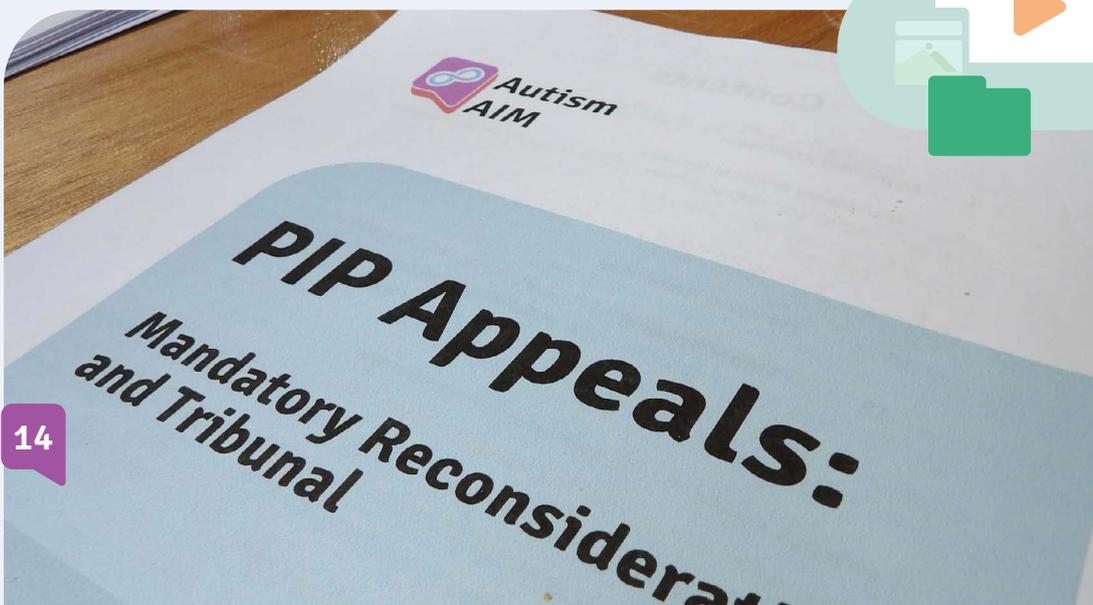
What impact did the Mental Health Equity Project have? (continued)

Outcome 4: Widely used personalised resources that support autistic people's self-advocacy

The headline: **Resources became an important mental health intervention, reducing stress at critical welfare access points.**

Evidence: 15,668 total downloads; 12,473 PIP guide downloads; 11,286 unique visitors to PIP guide pages; 93% of users reported resources were effective self-advocacy tools. 75% of staff trained felt confident using resources with clients. Partners repeatedly described the library as a practical compendium used in staff briefings, referrals, and advocacy workflows.

Summary: High demand for PIP guides reflects welfare-related stress among autistic adults. By simplifying complex processes, resources reduced anxiety and improved access to entitlements, functioning as preventative mental health support.





Autism

AIM

Active and do
Go to e act

Spotlight on: Autism-specific peer group support sessions

Fact file

- **311 attendances** between August 2024 and November 2025, 194 for Leeds and 117 for Bradford and Craven.
- Average attendance per group: 12.3 for Leeds and 7.3 for Bradford and Craven.
- Mailing list: 569 subscribers in Leeds, 112 in Bradford and Craven.

In feedback surveys:

- **100% said they had increased confidence** as a result of the groups.
- **80% said facilitation was a major strength** and **80%** said groups were more effective than other services.
- **71% said they want better support while waiting for a diagnosis** and another **63%** cited sensory and communication adjustments as being vital to provide a safe, appropriate space for conversation.

Peer-led, co-produced delivery drives trust and relevance

Yorkshire peer group feedback rated autistic-led facilitation as a major strength (80%) and 80% said the group was more effective than other services. Leeds MHEP peer group surveys consistently show strong preference for peer-led, co-produced approaches and peer support is repeatedly cited as a valued route into help. This validates the decision to co-develop the peer facilitation model, which wasn't originally part of the programme, but was seen as vital to the overall success of the project, given Autism AIM's expertise in building trust with autistic adults, whilst building in other partners' knowledge regarding mental health.



“The group’s strength lies in shared learning and the variety of autistic experiences within it.”

“The narrative they can build in their sessional work is absolutely great... the work they do lives and breathes the ethos of neuro-inclusion.”

“The Neuroqueer/Autism AIM PIP session was our most well-attended session ever...around 20 people came, the biggest turnout we’d ever had.”

“The impact on the community has definitely been a sense of understanding, a sense of belonging and sometimes just a sense to complain or feel sad or express your emotions in a safe space.”

Flexible facilitation and built-in signposting are critical to retention

Groups are attended regularly - 83% respondents to 1 survey mentioned they had been in the last 3 months. 100% also mentioned they consider the peer support group sessions to be accessible.

Service teams also report routinely extending time for one-to-one follow-ups as part of session practice, as documented in training/action plan notes and partner feedback. One survey shows 71% attendees want better support while waiting for a diagnosis and 47% request supported referral routes, underlining why immediate in-session signposting matters.

“We reserve extra time after sessions for one-on-one discussions or signposting.”

“The Autism AIM team were so sensitive in the way they approached it... they fostered an environment where people felt safe and comfortable.”

Accessibility in practice (sensory and communication adjustments) underpins safety and engagement

In the Leeds Reference Group survey 63% cited sensory and communication adjustments as what helped; 50% highlighted staff autism training as enabling positive experiences. Yorkshire group feedback lists communication/processing adjustments (60%) and sensory/interoceptive support (40%) among what worked to provide a safe and appropriate space for conversation.

Spotlight on: Autism-specific peer group support sessions (continued)

System barriers and referral complexity limit reach and sustainability

Large proportions of attendees report systemic obstacles: 63% named complicated access processes and 63% lack of support while waiting (Leeds Reference Group); Leeds MHEP respondents rank an accessible referral form and supported referral at 47% as a priority. Only 5% currently have funded support, highlighting why getting PIP support is vital to access relevant help.

“Referral pathways within mental health services are confusing, even for professionals.”

Workforce capacity and staff support require attention to avoid role drift and burnout

Peer groups rely on autistic-led staff and volunteers; respondents and partner notes flag the need to formalise peer-facilitator roles, supervision and career pathways (56% of Leeds MHEP respondents asked for more neurodivergent staff in mental health services, showing demand for a stronger peer support informed delivery model). Training feedback also highlights gaps in management development and the risk of staff acting beyond role boundaries without supervision.

“Supporting the staff has been an ongoing challenge... we need to avoid staff being seen as counsellors.”



Georgia
@georgiam...
...
...

Case study: Bradford peer support participant

Overview

A regular attendee of the Bradford autistic mental-health peer support group joined seeking a safe space to process trauma. Over time she became an active contributor, sharing insights as an autistic, Asian British woman that helped her own recovery and encouraged others to speak up.

Context

She joined the group having struggled with trauma and isolation and has brought intersectional lived experience to sessions. She was referred via Bradford social prescribers who had completed our Autism Equity Training; leading to a successful referral for EMDR therapy, which played a key role in addressing her trauma.

Impact

This client has made significant strides in wellbeing, reporting improved confidence and engagement in group activities. Her thoughtful contributions modelled disclosure and self-advocacy, increasing other members' willingness to share.

System influence and advocacy

She has been appointed to the project steering group to represent autistic people from ethnically diverse backgrounds. This client has participated in district consultation groups; her lived experience helped secure a commitment to adapt therapies for autistic people within local delivery plans. Her contributions continue to shape how primary and social care services respond to the needs of marginalised autistic communities.



Spotlight on: Autism advocacy training

Fact file

Participation and reach

- Total trained: **290** people trained across multiple sessions.
- 3rd Sector & Primary Care MH Services: target 40, delivered 52.
- Social Prescriber Training: target 90, delivered 69.
- Mental Health Autism Co-Facilitator Training: target 25, trained 49.
- Autism Equity Training for Advocates: target 60, trained 120.

Attendee feedback

- Trainer knowledge: **85%** rated highly.
- Relevance: **80%** said training was very relevant to their role.
- Expectations: **92%** said training met or exceeded expectations.
- Confidence: **70%** reported increased confidence after training.
- Knowledge: **94%** of advocates reported increased knowledge in autism equity.

Summary

Autism AIM's training reached statutory and third-sector staff across advocacy, social prescribing and partner organisations, delivering relevant learning that combined autism lived experience insight with practical tools. Training aimed to increase workforce confidence, change everyday practice (reasonable adjustments, communication) and create sustainable routes for autistic involvement in local services.



What worked - attendee feedback

Lived experience-led delivery was vital in building credibility and immediate relevance; trainees repeatedly rated trainer knowledge, with 85% of attendees rating this aspect of training highly. The trainers referenced the reasonable adjustments made to tailor the environment for attendees, creating a suitable space in which to learn:

“I prioritise creating a sensory-friendly training environment by controlling lighting, temperature and noise.”

Practical takeaways and resource packs were highly valued and used after sessions, with post-course resource packs increasing retention of information and enhancing confidence.

The training was also seen as relevant to attendees’ roles, with 80% of attendees stating it was very relevant and 92% saying it met or exceeded their expectations.

“It was a relief to hear about the things which actually matter and can make a difference to autistic people’s lives.”

Impact on practice (early signals)

It is clear the training had an impact on attendees’ capabilities, empowering them with information that they could practically use in their day-to-day roles and (in some instances) lives. During the evaluation, some significant (self-reported) gains were identified:

70% reported increased confidence after training whilst 94% of advocates reported increased knowledge in autism equity.

There is also evidence of practice change: action plans collected during training show local changes (tool usage, improved signposting) and partner organisations report adopting simple “easy win” adjustments after training sessions, with best practice being shared more widely across attendees’ teams.

In terms of the broader ‘system’, trained partners are embedding resources into their workflows and referring autistic adults with better informed advocacy and supported referrals.

Feedback post-training course

“I did not know your organisation existed before this course so it’s really helpful to know you are there and also what you might be able to support people with. I wish I had known before because I’ve had several clients in the past who would have benefited from contact with your team.”

“The training was very thorough and helpful, I have done autism training before but **this training was exceptional.**”

“The additional information sent after the course is very useful - gives time to go over things in our own time.”

“As an autistic adult, **it means such a lot to finally see training about autism which actually reflects our real-life experiences** as autistic adults. It was a relief to hear about the things which actually matter and can make a difference to autistic people’s lives.”

“Really interesting. I liked the delivery style and that there was no pressure to speak.”

“**I feel better equipped to advocate** for my family members and clients in my work role.”

“**I found the training extremely useful.** I have some understanding of Autism and how to support people with autism, but feel more prepared now for working with people with autism in the future.”

“It was the best training I think I have attended on Autism. I learned lots and it reinforced knowledge too.”

“Parts of the training were very familiar and others - especially around resources - was particularly helpful.”

A FREE service co-led by and run for autistic adults

We can support autistic adults with little or no formal support in Bradford, Airedale, Wharfedale and Craven with:



One-to-one peer support



Support groups

Sessions for autistic adults at Guardian Community Centre, Bradford BD1 4QU



Spotlight on: Resources

Fact file

- **Total resource downloads: 15,668** - showing large-scale individual take-up.
- **PIP guide downloads: 12,473.** PIP page views: 15,267; unique visitors to PIP guide pages: 11,286.
- The PIP guide is the most widely downloaded and used resource developed in this project
- **93% of clients reported resources were effective self-advocacy and self-help tools.**
- **75% of staff trained reported feeling confident** using the resources with clients after training.

Autism AIM's co-produced resource library has been a high-impact, low-cost lever across the Mental Health Equity Project - supporting autistic adults directly, and quickly becoming a trusted reference for partners and practitioners. Resources have reduced immediate barriers to self-advocacy, improved clarity in appointments and referrals, and provided a consistent, autism-centred language partners can adopt when adapting services.

Whilst most attention has been on the PIP guides, given the incredible number of downloads of this particular guide, it would be remiss not to mention the breadth and depth of knowledge and support provided across a wide range of guides, covering topics as diverse as:

- **Setting and maintaining boundaries**
- **Management of conflicting needs**
- **Workplace stress and mental health**
- **Sensory needs and mental health**
- **Anxiety management**
- **Autistic parenting and mental health**

Why PIP guides matter for mental health

The exceptional uptake of the PIP guides reflects how welfare processes can intensify anxiety and overwhelm. Plain-language, step-by-step materials reduce cognitive load, improve preparation for assessments and appeals, and help people articulate reasonable adjustments. By easing this pressure point, the guides function as an upstream mental health intervention - preventing escalation while improving access to entitlements and stability.

How the resources work in practice

For individuals: Simple, practical guides help people prepare for appointments, frame reasonable-adjustment requests, and understand next steps (PIP guide widely cited as directly useful in meetings and appeals).

For partners: Resources act as a ready-made, evidence-based reference that teams can adopt into care pathways, training packs and signposting lists - saving staff time while standardising autism-aware practice.

For peer facilitators: Resource packs are used as session tools and takeaways, increasing session utility and follow-through.

Autistic Pregnancy, Birth and Postpartum

Care for autistic pregnant and birthing people, as well as postnatal health can be unsatisfactory, or lack specialised training of autistic needs. Autistic people are 29% more likely to experience postnatal depression, and need tailored support.

For example, there can be a lack of support for sensory needs during birth, or communication adjustments not being followed in postnatal home visits.

Although improvements to services are being made, we need to know our rights and be prepared to advocate for our own wellbeing.

Ways to Support Autistic Pregnant, Birthing and Postpartum People:

- Use autistic friendly resources/ perinatal plans e.g. Autistic and Expecting by Alexis Quinn, and autistic maternity passports.
- Create a sensory toolkit for birth and parenting.
- Make sure the community midwife, or health visitor knows about any reasonable adjustments e.g. processing time.
- Asking to have the same midwife or medical team throughout pregnancy, so they understand your needs.
- Supporting agency in birth choices, such as stimulating and movement, elective c-section, or switching positions.
- Mental and social health support postpartum, especially from autistic peers.
- Be aware that birth plans can change in emergency situations, prepare yourself.



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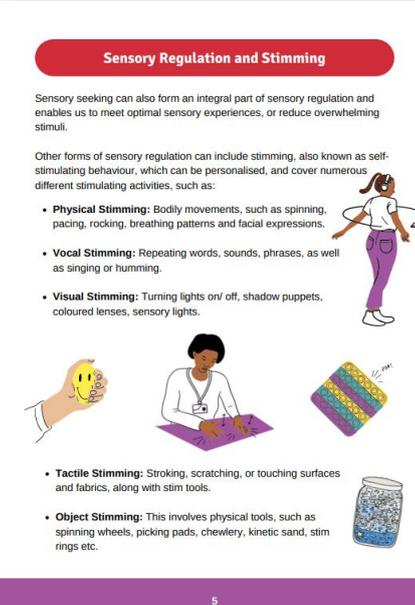
Sensory Regulation and Stimming

Sensory seeking can also form an integral part of sensory regulation and enables us to meet optimal sensory experiences, or reduce overwhelming stimuli.

Other forms of sensory regulation can include stimming, also known as self-stimulating behaviour, which can be personalised, and cover numerous different stimulating activities, such as:

- **Physical Stimming:** Bodily movements, such as spinning, pacing, rocking, breathing patterns and facial expressions.
- **Vocal Stimming:** Repeating words, sounds, phrases, as well as singing or humming.
- **Visual Stimming:** Turning lights on/ off, shadow puppets, coloured lenses, sensory lights.

- **Tactile Stimming:** Stroking, scratching, or touching surfaces and fabrics, along with stim tools.
- **Object Stimming:** This involves physical tools, such as spinning wheels, picking pads, chewfery, kinetic sand, stim rings etc.



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Sensory Overload

Sensory overload can be a result of intense or continuous sensory and environmental input.

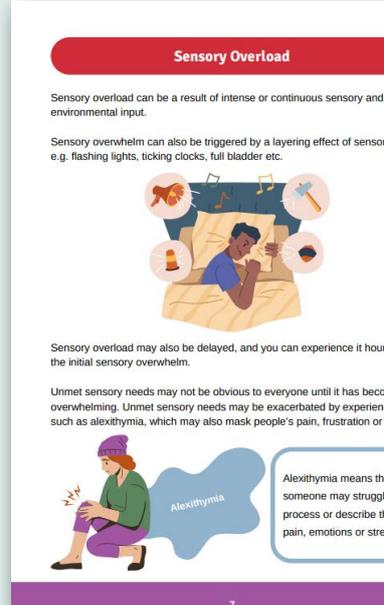
Sensory overwhelm can also be triggered by a layering effect of sensory input, e.g. flashing lights, ticking clocks, full bladder etc.

Sensory overload may also be delayed, and you can experience it hours after the initial sensory overwhelm.

Unmet sensory needs may not be obvious to everyone until it has become overwhelming. Unmet sensory needs may be exacerbated by experiences such as alexithymia, which may also mask people's pain, frustration or

Alexithymia

Alexithymia means that someone may struggle to process or describe their pain, emotions or stress.



7

Spotlight on: Resources

(continued)

Breadth and quality

The library spans practical benefits (PIP, welfare and benefits guides), accessibility tools (session checklists, communication templates), workforce aids (quick reference cards, framed reasonable-adjustment examples) and clinician-facing briefs.

Co-production and autistic-led review have ensured content is readable, actionable and respectful of diverse communication needs.

Evidence of system value

Partners report using resources in staff briefings, as handouts in referrals, and within social-prescribing and advocacy workflows - accelerating adoption of autism-aware adjustments without lengthy local content development.

High download volumes plus partner signposting indicate resources close practical gaps where services lack time or expertise to produce user-centred materials.

Partner feedback

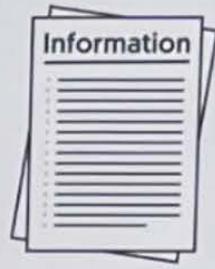
“The PIP guide was exactly what clients needed - plain language, step-by-step, used in meetings.”

“The Bradford Autism AIM service have provided some of the best resources I have ever seen that are directed towards neurodivergent people... I use their resources on a regular basis. I’ve got some in the office at all times. They’re just amazing.”



A **FREE** service and run for a

We can support autistic people with
funded support in
Wharfedale and



Information and signposting



Health Access Project:
Help to access GP services



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The Advonet Group **Mental Health Equity Project**
Autism AIM - Mental Health Equity Project
A project working to improve access for autistic people to mental health support in West Yorkshire

Bradford and Craven Autism AIM **The Advonet Group**
Bradford and Craven Autism AIM

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Spotlight on: Partnerships

Highlights

- **Leeds MIND:** Funding secured for autistic-specific workshops; AIM resources embedded into their programme.
- **Facilitator training:** 2 Leeds MIND facilitators trained; 4 new AIM facilitators; Live Well Leeds staff trained.
- **National MIND charity:** agreement to host AIM's online training modules nationally.
- **NHS and Local Authority influence:** AIM gained seats on higher-level NHS/ ICB forums and co-chaired the Bradford & Craven Healthy Minds Board, feeding autistic voices directly into the Neurodiversity Strategy and Delivery Plan.
- **Consultation routes:** Collaborated with Health For All and Local Authorities to establish sustainable feedback loops, ensuring autistic people's experiences shaped service action plans.
- **Partnership style:** Shift from formal to mutual learning model with Leeds MIND; monthly meetings sustain collaboration.
- **Learning:** Partners valued AIM's credibility, lived-experience leadership, and practical outputs that accelerated change.

“If we're going to contact any third sector experts, it would be them [AIM]”



Summary

Partnerships have been the primary route by which Autism AIM translated co-produced insight into rapid, practical change: partners routinely signpost Autism AIM's resources, used Autism AIM's feedback to redesign clinical reports and records, recruited lived experience staff to improve service delivery and embedded peer support into mainstream services.

Partners value Autism AIM's credibility, recurring engagement and practical outputs; several described Autism AIM as their closest third-sector partner and a go-to source for autism expertise.

Beyond technical changes, partners consistently valued AIM's collaborative style: described as "in your corner cheering you on" and its influence in NHS/ Local Authority forums such as the Healthy Minds Board, ensuring autistic voices shaped regional strategies.



Spotlight on: Partnerships

(continued)

We met with a range of partners, from local authorities and NHS Trusts to local community organisations. In context of the project outcomes, the feedback we received from partners was as follows:

Outcome 1: Increased access to autism-specific peer support

- **Peer-led groups are accepted as trusted**, timely support that reduce masking and boost self-advocacy; partners and users view groups as a necessary post-diagnostic offer.
 - Some partners helped establish recurring meetings and co-produced groups with AIM, enabling sustained delivery beyond initial funding: “we’re still doing courses and groups for autistic people.”
-

Outcome 2: Better equipped frontline workers

- **Autism AIM’s training, governance presence and working group input have driven changes** in partner practice and recruitment (reasonable adjustment fields on forms, environmental audits, recruiting autistic staff).
- Partners also reported that Autism AIM’s lived experience leadership gives recommendations authority in strategic forums.

“We did a whole piece of work revamping the reports... people seem much happier with the new style reports.”

“We now have more autistic staff ... that there’ll be ripple effects into the counselling service.”

Outcome 3: Widely used personalised resources that support self-advocacy

- **Autism AIM's co-produced resources (notably the PIP guide and accessible toolkits) are widely signposted and used by partners** as ready-to-use materials for appointments, advocacy and staff briefings.
- Partners and clinicians repeatedly described the resource library as a practical compendium used to fill capacity gaps and standardise accessible practice.

“We signpost people to the AIM website and their resource page because it's really very comprehensive.”

Outcome 4: Stronger consultation routes and system influence

- **Autism AIM engagement created fast feedback loops into system governance and service design**, producing measurable service fixes (new EPR reasonable adjustments section; ward and base environmental changes).
- Partners noted AIM's sensitivity in delivery, fostering environments where **autistic and LGBTQ communities felt safe, understood and able to belong**.

“The Autism AIM team were so sensitive in the way they approached it... they fostered an environment where people felt safe and comfortable. The impact on the community has definitely been a sense of understanding and belonging.”

“They've gone into some of the wards...and audited the environment from an autism friendly point of view... we've changed some of the layout... got dimmable lights.”

Learnings to take forward for future delivery

This section provides insights based on feedback from staff, service users and partners alike, into the areas of potential development for different aspects of the MHEP, to enhance future service provision:

Peer support and facilitation

It is clear that peer-led groups thrive when facilitation is formalised and resourced. Autistic facilitators bring credibility and trust, but **continuity requires investment in training, supervision and career pathways**. Future delivery should embed these roles into funded posts to sustain safe, consistent peer support.

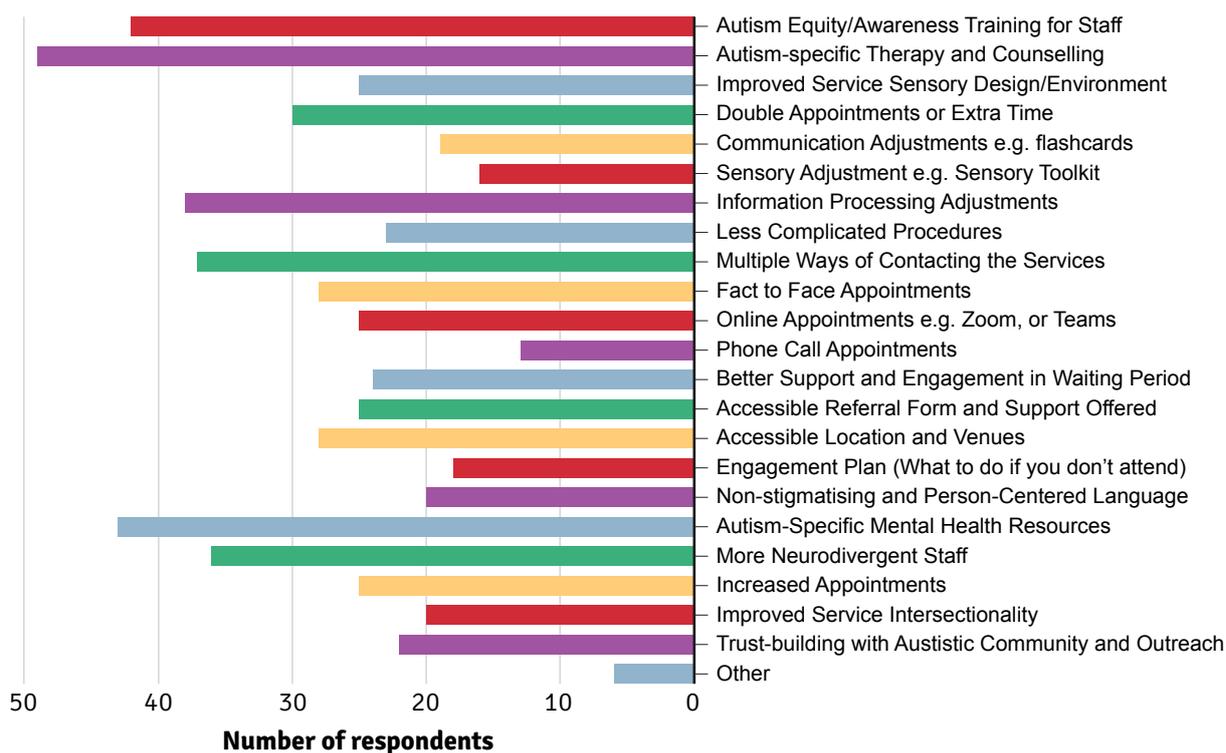
Referral routes and navigation

Confusing pathways remain a barrier. Autistic adults and professionals alike reported difficulty accessing timely help, especially during key periods (e.g. waiting for a diagnosis). **Co-designed, simplified referral processes, including supported referral forms and clear signposting, are essential** to reduce drop-off and ensure people reach the right support without repeated re-referral.

Workforce support and training

Training proved effective at shifting practice, but Autism AIM staff need ongoing support to avoid role 'drift' and burnout. **Supervision, management development and reflective practice sessions will help retain motivated staff** and ensure autism-aware adjustments become routine rather than one-off.

Mental Health Equity Survey - Suggestions for Improvement



Resources and self-advocacy tools

The scale of PIP guide downloads shows how practical, co-produced resources meet urgent needs. These tools reduce anxiety and empower autistic adults to prepare for appointments and appeals. **Future delivery should maintain a concise, accessible library and create a single indexed gateway for clinicians and partners** to improve navigation and provide equity of access across West Yorkshire and, with partner support, nationally.

Partnerships and system influence

Collaboration with NHS, local authorities and third-sector partners amplified impact. Partners valued Autism AIM's lived-experience leadership and practical outputs, which accelerated adoption of autism-aware practice. **Sustaining these relationships and embedding autistic voices in governance forums will be critical to long-term system change.**

Theory of Change

(Summary version)

North Star

Autistic adults experience **equitable, accessible, and person-centred** mental health support, shaped by autistic voice and inclusive partnerships.

Issues

Systemic inaccessibility: mainstream MH services often lack autism-informed practice, leaving autistic adults excluded.

Confusing referral pathways: inconsistent criteria and complex processes delay access and increase drop-off.

Post-diagnostic gaps: limited autism-specific support in therapies and community provision, leaving needs unmet.

Intersectionality overlooked: autistic people with LGBTQIA+, gender or minority identities face compounded barriers.

Workforce confidence and sustainability: professionals report low confidence, and autistic staff need supervision/support to avoid burnout.

Inputs

- **Comic Relief funding and reinvestment.**
- **Autistic-led workforce** with lived experience credibility.
- **Strategic partnerships** (Leeds Mind, Neuroqueer, NHS, Local Authorities).
- **Digital platforms** for dissemination.
- **Organisational reputation and influence.**

Activities

- **Peer support groups and facilitator training.**
- **Autism Equity training** for advocates/social prescribers.
- **Co-produced resources** (PIP guides, wellbeing tools).
- **Consultation routes and governance representation** (Healthy Minds Board, ICBs).
- **Inclusive partnerships** with LGBTQIA+ and minority-led organisations.

Outputs

- **12,473 PIP guide downloads;** 15,668 downloads across all resources.
- **1,200+ autistic adults directly supported.**
- **290 people trained.**
- **Safe spaces created** where autistic adults report confidence, belonging, and reduced isolation.
- **Resources and approaches embedded** in partner/trained services.

Outcomes

- **Individual:** confidence, belonging, self-advocacy.
- **Workforce:** autism-aware practice, clearer boundaries, supervision support.
- **System:** consultation routes embedded, service changes (reasonable adjustments, sensory audits).
- **Societal:** inclusive strategies recognising intersectionality, preventative support reducing crisis escalation.

Long-term impact

Autistic-led, co-produced approaches shift mental health systems towards equity. Resources and training are embedded, peer facilitation models replicated regionally, and diverse partnerships ensure long-term inclusion and resilience.

What's next?

Looking ahead, several priorities emerge from the evaluation evidence and will be taken forward by the Autism AIM team as part of the next exciting stage of development, to ensure the legacy of this project lives on in the following ways:

Resource promotion:

The co-produced mental health resources have proven effective but remain under-promoted. Without a central autism-specific platform locally, wider dissemination will depend on embedding these tools into existing NHS, VCSE and partner channels.

Access and advocacy

Improved access to autism-aware mental health support remains a core challenge. Sustained partnership work within AIM's core funding will be critical to keep equity on the agenda.

Workforce development

Training for Live Well Leeds staff in peer support co-facilitation is continuing, and there is clear demand for further costed training offers - including autism equity modules, consultation support and audits - to meet unmet need.

Peer support sustainability

Lottery funding has secured continuation of popular groups (Women Aligned, general peer support, mental health). Expansion is planned with a new transition group for young people and potential reintroduction of LGBT autism peer support.

Volunteer capacity

New one-to-one peer support volunteers are being trained, alongside additional co-facilitators, ensuring the learning from MHEP is embedded in future delivery.

Co-production and voice

The evaluation highlights the importance of autistic leadership in planning. Continued representation in local and regional strategic groups will be essential to sustain influence and ensure future service design reflects lived experience.

The next phase is less about creating new activity and more about evolving, embedding, scaling and sustaining what has worked. The evidence points to strong demand, effective resources and valued peer support models. The challenge is ensuring these gains are not lost once project funding ends - requiring strategic promotion, costed training offers and continued autistic voice in system planning.





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Mayor of
West Yorkshire

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Staff

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Autism AIM's partners

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and last, but definitely not least...

The amazing clients who have shared so much brilliant, compelling and insightful feedback to ensure Autism AIM's services continue to be informed by and delivered for autistic people.



**The
Advonet
Group**

Providing Independent Advocacy



**Autism
AIM**



**Mental Health
Equity Project**