

Committee on the autism act 2009: call for evidence

Dr Karen E Neil- relevant experiences and perspectives

- Parent and kinship carer of 2 autistic teens.
- Lived experience navigating health challenges brought about by neurodiversity and the education system.
- Over 30 years as a pharmacist, specialising in mental health and health promotion, with positive outcomes at home supported by an evidence-based approach.
- Work as a trustee of the [Institute of Health Promotion and Education](#), and communications lead; publication of [position statements](#); and responses to [government consultations](#) on a wide variety of issues. Examples include:
 - Autism
 - School Nursing
 - The Arts and Health
 - Ethics and Health Promotion
 - Safe Use of Medicines
 - SEND and AP: green paper
 - Mental Health and Wellbeing Plan.
- Publication of health-related [rapid responses and letters](#) in the British Medical Journal on behalf of the Institute of Health Promotion and Education.
- Member of the [Nottingham Neurodiversity Network](#) steering group.

Consultation with experts

I would like to thank the following colleagues for their guidance, insights, and ongoing support: Sylvia Tilford, Michael Craig Watson, Sarah White and Paul Roberts. Thank you also to friends and colleagues of the inspiring Nottingham Neurodiversity Network, and to Blandine French for sharing pre-publication findings from the forthcoming autism umbrella review.

Summary

1. Overall, what is needed urgently is - *a societal shift in balance from a deficit model to empowerment through positive health promotion for autistic people of all ages.*
2. There is a considerable body of work informing the evidence of what is needed to support autistic people.
3. More resourcing is needed.
4. In different settings (e.g. schools, workplaces, hospitals, prisons) the needs of autistic individuals need to be recognised and provided for.
5. Autism awareness training should be made available for education, health, social care, police officers, and other professionals.
6. Implementation of 'reasonable adjustments' and with zero tolerance of discrimination is needed across all sectors, with outcome measures and accountability.
7. Additional resourcing of early intervention and prevention is needed, including roles for health visitors, school nurses and other school support staff.
8. The Autism Act should be amended to also include autistic children.

Dr Karen E Neil
Independent Health Coach and Consultant in Health Promotion
2nd May 2025

References

Key documents informing this response are:

Neil K E and Tilford S (2021). IHPE Position Statement: Autism. Lichfield: Institute of Health Promotion and Education. <https://ihpe.org.uk/wp-content/uploads/2021/10/IPHE-Position-Statement-Autism-2021.pdf>.

Nottingham Neurodiversity Network (2025). Impact of Autism systematic review in press. See also [Impact of ADHD, risks beyond the symptoms – latest systematic review from our team - Nottingham Neurodiversity Network](#)

Neil K E and Watson M C (2024). IHPE Position Statement: Manifesto 2024. Lichfield: Institute of Health Promotion and Education. <https://ihpe.org.uk/wp-content/uploads/2024/05/IHPE-Manifesto-2024.pdf>.

Section A: Evidence about autistic people and what they need

In this section we are asking questions about what we know about autistic people in England and what they need from the Government.

You may want to answer the questions in this section if you know about this topic from research you have done.

Question 1

a) What evidence is there about the numbers of autistic people (diagnosed and undiagnosed) in England and their demographic characteristics (for example, age, gender or ethnic background)?

The National Autistic Society (NAS) continues to review and report on evidence of the number of autistic people, highlighting issues of masking and assessment delays meaning the number of autistic people is far higher than reported.

A position statement on autism published by the Institute of Health Promotion and Education (IHPE) also reports global statistics and highlights the existence of autism as a 'hidden disability' and with under-recognition in females, and children from ethnic minorities.

It should also be considered that autism forms part of a broader 'human spectrum' as discussed in the position paper published by University of Nottingham Professor of Neuroinclusive Education, Gail Hopkins.

b) How is the evidence on the numbers of autistic people (diagnosed and undiagnosed) in England and their demographic characteristics changing over time?

'In the UK the numbers of people identified as autistic are increasing exponentially, especially in females and adults.' IHPE (from Russell *et al.* 2021)

References

<https://www.autism.org.uk/advice-and-guidance/what-is-autism#How%20many%20autistic%20people%20are%20there>

Hopkins G T (2025). The human spectrum: a position paper, *Journal of Applied Research in Higher Education*, Vol. 17 No. 1, pp. 6-22.

<https://doi.org/10.1108/JARHE-05-2023-0176>.

Russell G, Stapley S, Newlove-Delgado T, Salmon A, White R, Warren F, Pearson A and Ford T. (2021) Time trends in autism diagnosis over 20 years: a UK population-based cohort study. <https://doi.org/10.1111/jcpp.13505>.

Question 2

a) What evidence is there about what autistic people need from the Government and public services and the most important policy issues for autistic people and their families/carers?

There is a considerable body of work informing the evidence of what is needed to support autistic people. The National Institute for Health and Care Excellence, World Health Organisation, NAS and IHPE are just some examples of organisations providing clear recommendations across health, education, workplaces and the criminal justice system.

Researchers at the University of Nottingham, and the Nottingham Neurodiversity Network have a systematic review in press, which summarises the findings of over 130 reviews and 1,000 studies. This will also help to inform priority areas and policies needed to address the impact of autism, including increased risk of poor mental and physical health, and social outcomes. For example, evidence that 44% of autistic individuals experience victimisation.

b) How is this changing over time?

Understanding of the impact of autism and priority areas requiring change, is increasing with the work of charities such as the NAS and a growing body of research. Changes in education policy are worsening outcomes for autistic children, and this issue needs addressing urgently, as outlined below.

References

[Overview | Autism spectrum disorder in adults: diagnosis and management | Guidance | NICE](#)

[Overview | Autism spectrum disorder in under 19s: recognition, referral and diagnosis | Guidance | NICE](#)

Nottingham Neurodiversity Network (2025) Impact of Autism systematic review in press. See also [Impact of ADHD, risks beyond the symptoms – latest systematic review from our team - Nottingham Neurodiversity Network](#)

<https://www.autism.org.uk/what-we-do/campaign>

<https://www.autism.org.uk/what-we-do/news/education-report-2023>

<https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>

Question 3

a) What new evidence does the Government need in order to make new policies and to plan services for autistic people?

As outlined above, there is an abundance of evidence presented clearly that can inform new policies and plan services for autistic people. The IHPE recommends an

increase in the use of positive health indicators for monitoring and evaluation of health data, which is also applicable here. Examples could include the number of schools, hospitals and workplaces completing autism awareness training.

b) Who should collect this evidence?

Evidence of outcomes of new services and policies should be collected both locally and nationally. Directors of Public Health are ideally placed to oversee progress within their localities, working closely with Integrated Care Boards.

Section B: The Autism Act 2009, the Government's autism strategy and the statutory guidance

In this section we are asking questions about the Autism Act 2009, the Government's autism strategy and the statutory guidance.

You may want to answer the questions in this section if you know about this topic from your work, your own experience or research you have done.

Question 4

a) In what ways have the Autism Act 2009 and successive Government autism strategies been successful or unsuccessful in improving support for autistic people?

b) What are the reasons for this?

The 2021 to 2026 strategy was wide ranging and welcomed but implementation has not been adequately resourced. Monitoring of achievements in line with stated goals have also not been sufficient.

Reference

[The national strategy for autistic children, young people and adults: 2021 to 2026](#)

Question 5

a) How effective has the Government's approach been to:

- **setting policy aims in each autism strategy;**
- **funding and implementing actions to achieve those aims; and**
- **evaluating progress?**

b) Should the Government do this differently in future? If so, how?

Strengthening the law, with the inclusion of children in the Autism Act would ensure the protection of all autistic individuals throughout society.

Question 6

a) How effective has statutory guidance to the Autism Act 2009 been in improving support for autistic people?

Data as discussed above, points to a need for strengthening policies to reduce the ongoing harm being caused to autistic people.

b) To what extent are the NHS and local authorities achieving the duties set out in the statutory guidance?

There are areas of good practice, but these needs to be expanded.

c) How could the statutory guidance be made more effective?

There needs to be more accountability and oversight of implementation together with increased measurement of positive outcomes.

Question 7

a) What processes are there for holding national and local bodies (including the Government, the NHS and local authorities) to account for progress against the autism strategy and statutory guidance?

b) How could those processes be made more effective?

Section C: The Government's priorities

In this section we are asking questions about the priority areas in the Government's autism strategy for 2021 to 2026 and what the Government should prioritise in its next strategy.

You may want to answer the questions in this section if you know about any of these topics from your own experience, your work or research you have done.

Question 8

In this question we are asking about what the Government should prioritise to improve autistic people's lives.

a) The autism strategy for 2021 to 2026 says that the Government plans to take action to improve autistic people's lives across six priority areas:

- **improving understanding and acceptance of autism within society**
- **improving autistic people's access to education, and supporting transitions into adulthood**
- **supporting more autistic people into employment**

- **tackling health and care inequalities for autistic people**
- **building the right support in the community and supporting people in inpatient care**
- **improving support within the criminal and youth justice systems.**

Do you think that they are the right priority areas? Why or why not?

These are vital priority areas that will address the known harms being caused to autistic people, so long as there is oversight of implementation informed by experts in the strengths and needs of autistic individuals. There must also be accountability across all priority areas, learning from good practice and within a collaborative, blame-free culture.

b) Is there anything else that the Government should prioritise to improve autistic people’s lives?

Supporting autistic people into employment requires oversight of reasonable adjustments, understanding and inclusive practices within workplaces, and zero tolerance of discrimination. This must be addressed and considered within an urgent review of proposed cuts to welfare benefits.

Public understanding and acceptance

In these questions we are asking about public understanding, acceptance and inclusion of autistic people. Your answers could focus on specific parts of this. For example, when we ask about community inclusion for autistic people, you could focus on access to businesses, public sector services, transport, culture or sport.

Question 9

a) What are the main problems with public understanding and acceptance of autistic people?

Many difficulties experienced by autistic people are not visible, with high levels of hidden disability. There are also many myths and misconceptions associated with outdated definitions of autism.

Autism is a broad term, with considerable individual variation, summed up by the phrase ‘if you’ve met one autistic person, you’ve met one autistic person.’ For example, recent models move away from the idea of a linear spectrum of worsening severity but rather looking at varying profiles of strengths and difficulties across a range of autistic traits.

b) What is going well?

Campaigning and training offered by specialist charities such as the [National Autistic Society](#), and collaborative approaches via groups such as the [Nottingham Neurodiversity Network](#).

As a family, we have also experienced invaluable support and inclusivity within the home education community.

c) How can public understanding and acceptance of autistic people be improved?

Through specialist training and education in a settings-based approach, within wider health promoting environments.

A move away from a deficit model of autism as 'disorder' would also help to develop a more balanced understanding of both strengths and difficulties, and that autism is a neurological difference rather than something to be treated or cured.

'Greater use of the terminology autistic spectrum condition and/or neurodiverse/neurodiversity and the cautious use of the word disability, are therefore recommended.' IHPE

Question 10

a) What are the main problems with community inclusion for autistic people?

- Lack of understanding and a high level of discrimination.
- Inaccessible environments due to lack of reasonable adjustments.

b) What is going well?

Provision by inclusive organisations and charities with understanding of required adjustments. Creative arts groups are often adaptive and accessible.

c) How can community inclusion for autistic people be improved?

Greater awareness and adaptation of environments will help access, together with education and conversations facilitated by trained advisors to increase understanding within communities.

'Discrimination towards autistic people must be challenged.' IHPE

Healthcare

In these questions we are asking about identification, diagnosis and support for autistic people. Your answers could focus on specific parts of this. For example, you could focus on accessing post-diagnostic support as an adult.

Question 11

a) What pathways are there for the identification and support of autistic people, including:

- **when they need it (including if they do not have a diagnosis);**
- **through assessment, diagnosis and post-diagnostic support; and**
- **throughout their lives?**

b) What are the strengths of those pathways?

c) What are the main problems with those pathways?

In Nottingham, we have found that pathways can be disjointed and confusing. The Nottingham Neurodiversity Network have produced accessible information to make clearer the available routes to support and increase collaboration between both service providers and families.

A focus on deficit and difficulties detracts from strengths and abilities that may also be present, impacting mental health.

Question 12

a) How can the Government improve assessment, diagnosis and post-diagnostic support for autistic people?

More resourcing is needed and a shift to evidence-based health promotion principles focussing on strengths, assets and needs, in a move away from a deficit model.

Information should be produced in a way that is accessible to autistic people.

b) How can the Government improve the identification and support of autistic people when they need it (including if they do not have a diagnosis)?

Greater awareness of autism, especially during early years, will enable preventative support to be provided before health deteriorates.

The IHPE calls for children's health to be prioritised with investment in training and employment of more health visitors and school nurses. Healthcare professionals can identify and co-ordinate education and support needs within their communities.

c) How can the Government improve support for autistic people throughout their lives?

Empowerment of autistic people to recognise and communicate individual needs would improve support, given variation in strengths and difficulties. For example, health passports could be used more widely.

Key references

Watson M C, Neil K E (2025). Children's mental health- pivotal roles for health visitors and school nurses. *BMJ* 2025;389:r710.

Doi: <https://doi.org/10.1136/bmj.r710>

Watson M C, Neil K E (2024). Investment in a healthy childhood will have enormous returns. *BMJ* 2024;385:q877. Doi: <https://doi.org/10.1136/bmj.q877>

<https://www.autism.org.uk/what-we-do/autism-know-how/autism-accreditation/autism-inclusion-award>

<https://www.autism.org.uk/advice-and-guidance/topics/physical-health/my-health-passport>

<https://nottsneurodiversitynetwork.org.uk/>

Question 13

In this question we are asking about access to healthcare for autistic people. Your answer could focus on specific parts of this. For example, you could focus on going to see the GP, going to the dentist or accessing mental health services.

a) What are the main problems for autistic people in accessing healthcare?

- Inaccessible environments, such as waiting rooms, which can be overwhelming.
- Lack of understanding of autism and required adjustments.
- Long waiting lists for assessment and mental health support.
- Siloed thinking, not linking physical and mental health conditions to unmet autistic needs.
- Shortages of NHS dentists, health visitors and school nurses.

b) What is going well?

Health services provided by staff who have accessed autism training, such as accreditation offered by the NAS, enable autistic people to be heard, understood and their needs met.

NHS England commissioning of the NAS and Estia Centre to deliver Oliver McGowan Mandatory Training on Learning Disability and Autism to health and social care professionals.

As a family, our local GPs have been incredibly supportive and understanding in crisis situations, managing co-morbid physical symptoms and referral to wider services as appropriate. We have also been fortunate to access a private dentist with good understanding of autism and anxiety, enabling successful treatment.

c) How can access to healthcare for autistic people be improved?

Education, training, and resourcing, as outlined above.

Simplified pathways with clear signposting.

Reference

<https://www.autism.org.uk/what-we-do/autism-know-how/autism-accreditation/autism-inclusion-award>

Community support and inpatient care

In these questions we are asking about building community support for autistic people, reducing the use of inpatient care, and improving the quality of healthcare and community support. Your answers could focus on specific parts of this. For example, you could focus on accessing social care or supported housing.

Question 14

- a) What are the main problems with access to community support for autistic people?**
- b) What is going well?**
- c) How can community support for autistic people be improved?**
- d) How can the use of inpatient care be reduced?**

Question 15

- a) What are the main problems with the quality of healthcare and community support for autistic people?**

The absence of understanding and assessment of autistic needs impacts healthcare. For example, administration of medication and/or access to diagnostic screening tests may be impaired by sensory processing difficulties, forming a potential barrier to treatment.

- b) What is going well?**

Increasing access to training such as Oliver McGowan Mandatory Training.

- c) How can the quality of healthcare and community support for autistic people be improved?**

Compulsory training of health professionals across all areas of health will increase monitoring of, and adjustment for autistic traits that could be linked to wider health issues and/or impede treatment.

Education and transitions to adulthood

In these questions we are asking about access to education and transitions to adulthood for autistic children and young people. Your answers could focus on specific parts of this. For example, you could focus on including autistic children in mainstream schools, going to a specialist school, home-schooling or moving to further education.

Question 16

a) What are the main problems for autistic children and young people in accessing education?

The school environment is often challenging for autistic children due to the sensory impact of noise, brightness, and communication methods. Socialising demands both inside and outside of the classroom can also be difficult, with unrealistic expectations resulting from a lack of understanding of teachers and peers. It is common for autistic children to 'melt down' when they arrive home as pressure builds throughout the school day.

Changes in education are making it increasingly difficult for autistic children due to:

- Pressure on attendance
 - negative messaging that 'attendance = attainment'
 - threats of fines increasing stress for parents
- Behavioural policies
 - zero-tolerance behavioural policies fail to address need and underlying causes
- Academically focussed curriculum with a reduction in creative arts teaching
- Loss of support staff.

For young people in residential schools, the 'out of school' hours are especially challenging due to inexperienced carers.

b) What is going well?

We have experienced and observed a greater level of understanding in creative colleges, with environmental adjustments and accessible methods of assessment through BTEC qualifications, enabling autistic individuals to succeed and thrive.

Home education has also enabled a more adaptive environment to adjust for sensory processing difficulties, highlighting the impact of social expectations on disability.

Opportunity to focus on strengths, assets and needs can enable access to education, particularly for children with a high levels of sensory processing challenges.

c) How can access to education for autistic children and young people be improved?

1. A strengthening of the law would ensure that school policies are required to consider the needs of autistic children and implement adjustments to make the school environment inclusive, tolerable and qualifications accessible.

2. There is an urgent need to review aspects of current education policy, and the proposed Children's Wellbeing and Schools Bill to incorporate evidence-based measures to enable autistic children to access education most suited to their needs and support their wellbeing. Home education must remain an option available for all families to choose, but with adjustment enabling more autistic children to remain in school. BTECs must also be protected.
3. It is deeply concerning that under-resourced local authorities may be given powers to override the choice of families of children with Education Health Care Plans to opt for home education. Appropriately trained professionals with understanding of home education and neurodiversity are needed to support these decisions in collaboration with the family, and especially the child. Choice should only be removed when there is clear evidence of safeguarding issues.
4. Early intervention is key to preventing difficulties escalating, with health visitors and school nurses helping to identify and oversee needs-based support for autistic children. School nurses also have a vital role within school communities in increasing understanding and inclusion of this group at increased risk of mental health problems.
5. Given the evidence on benefits of early intervention there also needs to be a reduction in the time it takes for EHCPs to be put in place.
6. Increase curriculum time for the arts, and inclusive access to creative subjects to support wellbeing, balancing an overly academic focus.
7. For those needing residential education, much of this is in the private sector and very costly for local authorities. Ideally support should come from the state sector and/or monies available within local authorities needs to be increased.
8. Application of key health promotion principles, including a focus on individual strengths, assets and needs ensures appropriate support and negates the effect of excessive focus on deficit and difficulty.

References

Morgan F, Costello E, Gilbert I (Ed.) (2023). Square Pegs: Inclusivity, compassion and fitting in- a guide for schools. Independent Thinking Press.

National Autistic Association (2023). [NAS Education report 2023](#)

Neil K E (2025). Submission to Scrutiny Committee on 28th January 2025 Response to: Children's Wellbeing and Schools Bill call for evidence. Hidden Voices Speak: An Anthology of Home Educated Voices. [Hidden Voices Speak: An Anthology of Home Educated Voices eBook : Home Education, Home Educated Children, Home Educating parents, Home Education Experts: Amazon.co.uk: Kindle Store.](#)

Neil K and Falvey P (2023). Home Education and Autism - a case study, ICERI2023 Proceedings, pp.4837-4842. Doi:[10.21125/iceri.2023.1208.](#)

Neil K E, and Watson M C (2024) IHPE Position Statement: Arts and Health May 2024). Lichfield, Institute of Health Promotion and Education. [IHPE-Position-Statement-Arts-and-Health-2024.pdf](#)

National Autistic Association (2023). [NAS Education report 2023](#)

Neil K and Falvey P (2023). Home Education and Autism - a case study, ICERI2023 Proceedings, pp.4837-4842. Doi:[10.21125/iceri.2023.1208](#).

Watson M and Neil K (2025). Positive health promotion: the Ottawa Charter approach. *Perspectives in Public Health*;145(1):11-13. Doi:[10.1177/17579139241266174](#).

Watson M C and Neil K E (2025). Children's mental health - pivotal roles for health visitors and school nurses. *BMJ*;389:r710. [Children's mental health - pivotal roles for health visitors and school nurses. | The BMJ](#).

Watson M C, Neil K E and Tilford S (2024). IHPE Position Statement: School Nursing. Altrincham: Institute of Health Promotion and Education, 2024. [IHPE-Position-Statement-School-Nursing-2024.pdf](#).

Question 17

a) What are the main problems for autistic young people in transitions to adulthood (including the move from children's to adult services)?

Services currently end at age 18 with automatic removal from community paediatrician and occupational therapy services, as has been our family's experience. In line with neuroscience research, the adolescent period (18-25) has specific support needs, requiring seamless transition to ongoing support. Our family found that even 'transition to adulthood' occupational therapy (OT) services were not available after 18 and with no adult OT services other than for those needing mobility aids in the home.

b) What is going well?

Many Universities provide good support for autistic young people through disabled student services and access to disabled student allowance. However, there is more work to be done to ensure this occurs across the higher education sector, for example by sharing good practice.

c) How can transitions to adulthood for autistic children and young people be improved?

There is a need for ongoing, targeted support for the 18-25 years age group, with automatic transition from children's services at 18.

References

Blakemore, S J. (2018). *Inventing Ourselves: The Secret Life of the Teenage Brain*. Black Swan.

Siegel D J. (2014). Brainstorm: the power and purpose of the teenage brain. Scribe UK.

[DSUK launches the 2024 Access Insights Report • Disabled Students UK](#)

Employment

In these questions we are asking about supporting more autistic people into employment.

Your answers could focus on specific parts of this. For example, you could focus on accessing an internship or apprenticeship, accessing supported employment or accessing reasonable adjustments at work.

Question 18

a) What are the main problems for autistic young people in the move from education to work?

Inconsistent availability of autism-friendly workplaces.

Employers have a set profile of what they need young people to be when applying for work. Some of these requirements i.e. interacting confidently in social settings are unrealistic. Employers need to be more neurodiverse friendly or at least aware.

A real-life example shared was 'when following up with young people for interview/application feedback, the employer stated the young person was disinterested or rude in their answers, despite knowing the young person is neurodiverse.'

'It's not just about the young people. Some/many employers need to be educated also.'

b) What is going well?

'More agencies are becoming aware of the urgent need for support for young people with neurodiverse support requirements and some, but not enough, can visit home addresses and contracts to deliver work has allowed for support around the softer skills.' For example, social care 'promoting independence' services.

c) How can the move from education to work for autistic children and young people be improved?

Mandatory training and oversight of 'reasonable adjustments' for all workplaces.

Companies, with leadership from government, need to ensure that training programmes allow for neurodiverse candidates, and stop expecting the neurodiverse candidate to change to suit the mould.

Less rigid employer expectations, and training for college tutors to use more diverse ways of educating to help neurodiverse people understand what is required when applying for work or/and attending interviews.

Question 19

a) What are the main problems for autistic people in both finding and staying in work?

- Poor understanding of autism, discrimination, and lack of 'reasonable adjustments' in workplaces.
- Societal expectations seem to be driving employer expectations. It's not one size fits all.
- Contracts being allocated by central government need to allow longer time periods. Twelve-month contract reviews and cutting of funds is denying the ability to allow sustained, structured, personalised and holistic support to be effective.

b) What is going well?

Charities such as Futures, are helping to support autistic people into work and training, as has been our family's experience.

c) How can support for autistic people to find and stay in work be improved?

- Workplaces need to recognise the strengths which autistic people can bring to the workplace, should adopt inclusive policies, and make reasonable adjustments to enable full functioning.
- Increased workplace autism awareness training, empowerment of autistic people to understand and voice individual needs, and dissemination of good practice are required.
- Further education establishments being more accountable for figures of neurodiverse young people not moving to apprenticeships or employment at the end of their courses.
- Targets should be set to increase the percentage of autistic adults who are in full, or part time paid employment and progress measured.
- Additional opportunities for severely autistic people to work in supported environments should be provided, building on the work of [About Remploy - Remploy](#) and [Home - Maximus UK](#).

References

<https://www.autism.org.uk/advice-and-guidance/topics/employment>

<https://www.futuresadvice.org/>

[Here's how employers are addressing neurodiversity needs at work | World Economic Forum](#)

Criminal and youth justice

In this question we are asking about supporting autistic people who come into contact with the criminal and youth justice systems. Your answer could focus on specific aspects of this. For example, you could focus on support for autistic people who are suspects, defendants, offenders, victims or witnesses.

Question 20

a) What are the main problems with support for autistic people who are in contact with the criminal and youth justice systems?

- Widespread lack of understanding and awareness of autism. Autism can increase vulnerability to becoming a victim or witness of crime and police officers must consider whether any unusual behaviour may result from neurodiversity.
- Further education establishments need to be audited regarding how they store, acknowledge and action reports presented regarding young people with neurodiversity support needs and what those needs are.
- Young men/boys who are neurodiverse and in the youth justice system being considered as disengaged, preconceived opinions of them, and being removed from courses and placed onto completely inappropriate courses without supporting agencies being consulted or notified.

b) What is going well?

Increased understanding and support throughout the police force is being provided by the National Police Autism Association. Clear guidance is also provided by the NAS.

c) How can support for autistic people who are in contact with the criminal and youth justice systems be improved?

- Monitoring of further education providers and how they interact with neurodiverse young people within the youth justice system.
- All interactions with learners linked to behaviours or removal from a course, should be completed through a multi-agency approach if feasible. At the very least, all avenues to help the young person to continue to engage or support managed moves to new courses should be completed with supporting agencies.
- Informed, inclusive procedures must be in place when approaching autistic offenders, to prevent further harm. In court appearances, access to an intermediary may be needed to ensure a level playing field for all.
- The increased risk of homelessness for those coming out of prisons or institutions must be addressed.

References

[National Police Autism Association \(NPAA\)](#)

<https://www.autism.org.uk/advice-and-guidance/topics/criminal-justice-and-police>

Watson M C, and Whitcombe A. (2023) IHPE Position Statement: Homelessness (November 2023). Lichfield, Institute of Health Promotion and Education. [IHPE-Position-Statement-Homelessness-2023.pdf](#)