

Shropshire All-Age Autism Strategy 2025 – 2030

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Foreword

It is my privilege to introduce the Shropshire All-Age Autism Strategy 2025 - 2030 - a bold and compassionate vision for making Shropshire a truly inclusive county for autistic children, young people, and adults. This strategy is the result of extensive engagement, co-production, and partnership with autistic individuals, families, carers, professionals, and stakeholders across our community.



Our vision is clear: Shropshire will be a place where autistic people, regardless of diagnosis status, are welcomed, supported, and valued for their unique strengths and perspectives. We are committed to promoting a cultural shift across all services, adopting an all-age approach to autism as a lifelong condition, and ensuring equality of access so that no one is left behind.

The strategy sets out a comprehensive framework for action—spanning health and assessment, education, employment, housing, social care, and the Criminal Justice System. It recognises the need for joined-up, proactive, and autism-accessible services, and places the voices of lived experience at the heart of planning and delivery. Our approach is rooted in listening, empowerment, and acting on feedback, with priorities and objectives shaped by local need.

We acknowledge the challenges faced by autistic people and their families, including long waits for assessment, inconsistent support, and barriers to employment and independent living. This strategy outlines clear goals to address these issues: person-centred support, early intervention, improved service navigation, workforce development, and robust data collection. It also champions the importance of prevention, inclusion, and community engagement.

The work underpinning this strategy has been transparent and collaborative, welcoming all views and ensuring recommendations are robust and agreed by those who contributed. Our thanks go to everyone who has shared their experiences, expertise, and passion for change—your contributions have been invaluable.

As we move forward, the success of this strategy will depend on sustained commitment, transparent accountability, and a willingness to listen and adapt. Together, we can create a healthier, more inclusive Shropshire, where autistic people of all ages are empowered to thrive.

Let us celebrate strengths, embrace difference, and ensure that Shropshire leads the way in autism-friendly practice.

Ruth Houghton

**Portfolio Holder for Social Care
Shropshire Council**

Vision

“Great minds think differently”

“There are numerous reasons to better understand autistic people, the most important being to make the world a kinder, more inclusive place for everyone.”

David, a late-diagnosed autistic adult, Autistica

Our vision is to ensure that Shropshire is a place that offers opportunities to all autistic children, young people and adults, regardless of diagnosis status, to live healthy and fulfilling lives, where people’s contributions to their local communities are welcomed, supported and valued, and no-one is left behind. The strategy will promote a cultural shift across our services adopting an all-age approach to a life-long condition with recognition of the need for a more joined-up, proactive, timely and autism-accessible offer so that autistic people have equality of access and do not fall through the gaps in service provision.

The work underpinning the strategy is based on engagement, empowerment, listening to people and acting on their feedback. It aims to provide a clear plan for support across Shropshire identifying priorities and objectives which reflect local need.

“Many folks don’t realise that each autistic person’s autism is unique to them. There are so many characteristics of autism, with each characteristic ranging widely in its degree, from limited to significant. Each autistic person is unique, just as each non-autistic person is unique.” (1)

This draft of the Shropshire Autism Strategy 2025–2030 sets out our (2) collective ambition to create a community where autistic people of all ages can thrive, participate fully, and are valued for their strengths and perspectives. Drawing upon the insights and lived experiences of autistic individuals, families, carers, and professionals, our approach is rooted in collaboration and co-production.

We recognise the unique challenges faced by autistic people and are committed to delivering support that is responsive, inclusive, and shaped by those who know best. This strategy outlines the framework and principles that will guide our actions, ensuring meaningful progress towards an autism-friendly Shropshire.

Introduction

“Autism is an all services issue”

“Autism is a “golden thread” that goes through all stages of individual support from early to advanced years, parenting, schools, education, preparation for adulthood, employment, housing, social care and the Criminal Justice System, impacting ALL teams”

Not everyone who is autistic has had or would like a diagnostic assessment, however any recommendations or initiatives promoted by this strategy will benefit autistic and other neurodivergent children, young people and adults whatever their diagnosis status.

Our strategy adopts an all-age approach, recognising that autism is a life-long condition impacting individuals at different stages across their lifespan, and is committed to providing person-centred, needs-led support. We aim to increase autism training and education, prioritise early intervention and prevention (early intervention encompasses a range of services and support available to children, young people and adults. The goal is to initiate tailored support as early as possible to improve understanding, well-being and outcomes) and enhance clarity and navigation of support services through accessible, visual information. Central to our work is a deep understanding of the needs of autistic people, ensuring their involvement in planning future services and securing or working towards accessible provision with reasonable adjustments. We advocate for Autism Champion roles, strive to improve data collection and prevalence reporting across all sectors, and foster improved pathways through robust partnerships. Additionally, we need collaboration to evaluate value for money, acknowledging funding pressures while prioritising positive outcomes, and work to ensure this strategy is embedded within wider local authority initiatives to include our partners in the NHS and Telford & Wrekin Council

Our aims to make the system more joined-up, working collaboratively to ensure services are inclusive and accessible will improve the well-being of autistic children, young people and adults and their families and improve efficiency across the service system. Improving clarity and navigation of support services is identified as a priority area.

Our approach has ensured a wide number of stakeholders and autistic people with lived experience have been involved with the strategy development from the start; the process has been transparent and collaborative welcoming all views to be aired freely ensuring strategic recommendations are robust and agreed by those who contributed to discussions.

The Shropshire Autism Strategy closely aligns with the Council’s key priorities, strengthening support for autistic individuals across the region. In promoting health and well-being, the strategy sets out interventions such as expanding training for independent living skills, developing Autism Champions to lead peer support, and ensuring that professionals receive dedicated autism training with the aim of achieving consistent understanding and accessible support, for all autistic people. By improving access to community-based preventative services, the strategy aims to reduce crisis situations and foster independence for all.

To support a healthy local economy, the strategy proposes measures that help autistic adults live independently and enable families and carers to participate more actively in the workforce. This includes providing accessible housing, easing service navigation for carers, and encouraging voluntary and peer-led employment opportunities within the community.

The strategy advances inclusive community living by promoting supported housing that is integrated into local neighbourhoods and offers access to green spaces. Thoughtful service planning ensures resources are distributed fairly, reaching both rural and urban areas.

Finally, the strategy commits to a healthy organisation by focusing on data-driven, and evidence-based service provision and close collaboration across sectors. It emphasises capturing lived experience, co-producing services with the autistic community, and creating clear, accessible information to improve how people navigate available support. Together, these efforts reinforce the Council's broader vision of a healthier, more inclusive Shropshire.

Improving support and understanding for autistic people of all ages needs to be embedded in all of our processes and services to ensure we meet individual needs at the right time, preventing escalation, and making the best use of limited and collaborative resources to drive positive system-wide change.

Acknowledgements

We would like to say a huge thank you to the many people who contributed to the new strategy: the individuals and organisations who attended strategy sub-groups and in person quarterly meetings, those that took the time to respond to our surveys; the many autistic people who spoke to us about their experiences of autism, concerns and gaps, and the many national organisations providing national perspective, experience, research and support for our local work.

The passion for change and collaborative approach has underpinned the strategic work and will continue to be an integral part of the implementation of strategic priorities.

Thank you all for being part of this journey.

What is Autism?

Autism or Autism Spectrum Condition (ASC), is a life-long neurodivergence which affects how a person experiences the world, communicates, and interacts with others. Autism presents differently in each individual and can range from subtle to more pronounced traits, in the past this has been described as a “spectrum” however today we understand the spectrum to mean each autistic person has a unique combination of characteristics. Autistic people can be very different to each other, with different sets of strengths and challenges.

Under the Equality Act 2010, disability is a protected characteristic. The Equality Act defines a disabled person *“as someone with a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”*.

Many forms of neurodivergence, including autism, ADHD, dyslexia, and dyspraxia, can meet this definition and therefore be legally recognised as disabilities. This means that autistic people are protected from discrimination and are entitled to reasonable adjustments in education, employment, and services.

Autism is part of the broader concept of neurodiversity, which recognises and values neurological differences as natural variations of the human brain. This perspective promotes inclusion, acceptance, and support, embracing autism as a difference rather than viewing autism solely as a condition that needs to be treated. A ‘neurodiversity’ approach views autism as a natural variation in people.

Being autistic means you may feel things and react differently to non-autistic people. Experiencing the world in a uniquely perceptive and deeply felt way. Autistic individuals often have a heightened sensitivity to their surroundings, which can bring rich detail and insight into environments that others may overlook. Social interactions may require more energy or conscious effort, but many autistic people develop strong self-awareness and thoughtful communication styles which are authentic and honest. Busy or loud environments can be intense, reflecting a finely tuned sensory system but often allows for a profound appreciation of subtle sounds, textures, and patterns that others might miss. Intense interests are a source of passion and expertise, often leading to deep knowledge and creative innovation. Autistic individuals frequently bring focus, dedication, and originality to the things they care about. A preference for routine and structure can foster reliability, clarity, and stability, which are valuable traits in both personal and professional situations and environments. Repetitive movements or actions—sometimes called stimming—are powerful tools for self-regulation, offering comfort and control in situations that cause individual anxiety.

“Our understanding of autism is evolving all the time. Most autistic people see being autistic as central to who they are. They may need support to succeed in a world designed for the needs of non-autistic people (also referred to as neurotypical). But it is the barriers they face in society that are an issue, not being autistic. This is known as the ‘social model’ of disability.” (2)

Autistic people of all genders can “mask” discomfort to navigate social situations demonstrating adaptability and resilience, it is important to create spaces where authenticity is welcomed, and mental well-being is supported. Masking is a strategy used by some autistic people, consciously or unconsciously, to appear neurotypical. While this strategy can help them get by at school, work and in social situations, it can have a devastating impact on

mental health, sense of self and access to an autism diagnosis. Masking is commonly reported in girls and a reason cited for lower diagnosis rates in females however masking is used by all genders and can be exhausting.

“A lot of us present different versions of ourselves in different situations, that’s normal. But masking is to re-write every fibre of your being to suit the situation you are in and what is perceived to be ‘normal’ behaviour and reactions. ... When I am masking the vast majority of my brain function is going to that masking. It is taking almost all of my mental energy to just stay in absolute control and only let through the behaviours that are acceptable in that situation.” (2)

Support needs should be a primary consideration for autistic people, recognising that assistance must be tailored according to individual requirements rather than being solely dependent on a formal diagnosis. This approach acknowledges the diverse experiences and challenges faced by autistic people, advocating for timely assessments, accessible post-diagnostic support, and reasonable adjustments within education, healthcare, and employment. Emphasising community-based services, peer support, and recognition of the impact on families and carers ensures a more inclusive, responsive system that supports autistic people of all ages and all needs.

Terminology

Throughout this strategy document the word autism and identity-first terminology (“autistic people” rather than “people with autism”) should be used when referring to autistic people - children, young people and adults. This reflects research published in the Autism journal in 2015 (The National Autistic Society, the Royal College of GPs and the UCL Institute of Education) which looked at the preferences of UK autistic community members – autistic people, their families, friends and professionals around the language used to describe autism. Unless otherwise stated, reference to ‘autistic people’ or ‘an autistic person’ includes children, young people and adults of all ages across the autism spectrum at all levels of intellectual ability.

Co-Production and Engagement

This strategy is informed by a range of engagement, co-production and mapping activity to ensure a shared understanding of our autistic population, taking current national prevalence rates of 4%, this is over 13,000 autistic people across all ages.

The work has adopted an all-age and collaborative approach with stakeholders across assessment, health, education, employment, social care, housing and the Criminal Justice System, sharing best practice. New services for autistic people have been piloted in 2024/2025 and the learning from those pilots has contributed to the strategy, these include all-age autism awareness events, post 16 support for autistic young people as they transition from school to further education, work of the neurodiversity practitioners (NDP's) and Partnership for the Inclusion of Neurodiversity in our schools (PINS) and innovative ways in which to capture the voices of children and young people and ensure they help shape our services.

Through this collaborative process, we have worked to ensure a truly representative and meaningful understanding of the needs and aspirations of autistic people within our community. The strategy's development has benefited from targeted outreach, with a particular focus on gathering diverse voices and perspectives, ensuring that the feedback and insights received have directly shaped our priorities and actions.

Our review of strategic objectives and actions is underpinned by regular reflection on what is working well and where further change is needed. This approach has enabled us to adapt and strengthen our response, ensuring sustained momentum and a shared commitment to making tangible improvements for autistic individuals and their families.

What have we done since the launch of the strategy development work in August 2024

- Engaged with over 120 Stakeholders supporting sub-group & quarterly meetings
- Reviewed over 200 recorded issues
- Monthly meetings with 36 individual sub-group meetings held and 3 in person quarterly meetings
- Mapped the geographical location of Children, Young People and Adults waiting for assessment, identifying "hot spots" in the county showing higher levels of need
- Piloted 5 All Age Autism Awareness Events in Oswestry, Bridgnorth, Craven Arms, Wem & Ludlow

Engagement

- Held focus groups with over 40 parent carers/families
- Met with over 50 autistic adults
- Published an employment survey recording lived experience of those aged 16+ which attracted 195 responses
- Met over 50 parent carers/adults at the all-age autism awareness events
- Delivered training for 70 Shropshire Council Adult Social Care staff
- Published a Criminal Justice System survey completed by all Criminal Justice System organisations – West Mercia Police, Probation, Youth Justice, Criminal Courts, HMP Stoke Heath and the forensic support service covering Shropshire, Telford & Wrekin
- Forged national links to leaders Autistica, Autism Alliance, Ambitious about Autism and the London School of Economics

National Autism Strategy

“To succeed in improving autistic people’s and their families’ lives we will need to work collaboratively to implement these actions across national and local government, the NHS, the education system, the criminal and youth justice systems, autistic people and their families” (4)

National Autism Strategy Priorities

- Helping people to understand autism
- Helping autistic children and young people at school
- Helping autistic people to find jobs
- Making health and care services equal for autistic people
- Improving support for autistic people in the Criminal Justice System

In 2021 the **Autism Act 10 years on** report found too many autistic people face long waits for assessment, many autistic people struggle in childhood with getting pre and post diagnosis support including at school, many find it hard to get a job when they reach adulthood and the number of autistic inpatients in mental health services have increased. Autistic people are about 70-80% more likely to have poor mental and physical health, experience educational under-attainment, unemployment and underemployment, victimisation, social isolation and premature mortality. (5)

“But the depression and anxiety probably flow from not having the right support.” (6)

Nationally 2025 is a pivotal year for autistic people, their carers and families. Prevalence of autism has increased from 1:100 or 700,000 people to 3-4%; neurodivergence prevalence is sited at 15% of the population and the trajectory continues to increase. The total current population for the United Kingdom in 2025 is 68,180,606, a 0.32% increase from 2024. Using the increased autism prevalence of 3-4% there are 2,727,224 autistic people in the population and as many as 10,227,090 neurodivergent people.

“A rise in diagnoses loops backs to increased awareness, which impacts on how people identify themselves, which leads to a call for more assessment centres, which has led to a greater rise in diagnoses,” (6)

Autism is a life-long condition where timely and appropriate access to assessment, diagnosis and support services contribute to the well-being, achievement and independence of autistic people. While awareness of autism is widespread—reaching 99% of the population—it is true understanding that paves the way for meaningful change. Implementing real improvements requires this understanding at every level: within families, both before and after diagnosis, in schools, workplaces, housing, and across the wider community. Early intervention coupled with improved understanding, can foster acceptance, transform environments, reduce harmful labelling, and help society embrace difference so that everyone is valued and included.

Currently, all age support before and after diagnosis is inconsistent, incomplete, and often difficult to navigate. Addressing these gaps and recognising the links to well-being, educational achievement, independence and social isolation are essential. Poor school experience can have a lasting and often damaging effect on mental health and well-being which in turn impacts educational achievement, employment and in some cases the Criminal Justice System. The National Autism Strategy placed a focus on the Special Educational

Needs and Disabilities System (SEND) enabling autistic children and young people to access the right support within and outside of school supporting children to reach their potential, and to show that fewer autistic children are permanently excluded or suspended from school due to their behaviour. Improvements within schools included the support autistic people get in their transitions into adulthood, so that more autistic people can live well in their own communities, find work or higher education or other opportunities. This was cited in the national strategy as important in preventing more young people from avoidably reaching crisis point or being admitted into inpatient mental health services.

Post education the national strategy highlighted the need to make progress on closing the employment gap for autistic people, ensuring that more people who are able and want to work can do so and that those who have found a job are less likely to fall out of work. Current national employment levels for autistic people in 2025 is reported at 30%, highlighting the necessity for improved understanding within the workplace for both employees and employers and the need to create more opportunity for autistic people to work and live independently. Escalation of need often manifest in early years through a combination of lack of needs-led support and lack of understanding and support in schools. This can lead to challenges with mental health or social isolation in the future, for example. Unavoidable admissions to inpatient mental health services could be reduced by improving the provision of community mental health and crisis support.

The suitability and availability of housing support and social care is also cited as a priority area linked to escalation of need, lack of community support and inappropriate housing placements. These priorities will ensure we meet the targets in the NHS long term plan to build the right support in the community.

Finally, but by no means least, is the priority of improving support within the criminal and youth justice systems. Autistic people are more likely to be victims and witnesses of crime than offenders however the widespread misunderstanding of behaviours can lead to inappropriate support and sentencing for some autistic people. The aim of the strategy priority is to improve understanding of autism, so that autistic people are more able to receive the right support, adjusted to their needs, as well as ensuring that different parts of the justice system – from prisons to courts – become more autism-inclusive.

The national strategic priorities, when taken together, represent a holistic approach to supporting the needs of autistic people throughout their life journey and recognise the significant impact that lack of support and understanding deliver at each phase. To provide equity, a system-wide approach is needed to prevent often unnecessary escalation of need and above all, positive outcomes for autistic people.

Health and Assessment

“Too many autistic people still face long waits for their diagnosis and do not always receive support that is tailored to their needs at an early enough stage.”

Background

Increases in the prevalence of autism and the national impact on assessment capacity is widely reported attributing to a shift in broader awareness of autism over recent years. Many thousands of families and adults report long waits of over 2 years for assessment and confirmation of a diagnosis that often brings reassurance of difference but does not provide understanding and strategies of support. For many autistic adults, autism awareness did not exist in their early years. There was no access to assessment, no support for them or their families and they have struggled in a world that doesn't understand them, with life-long impact.

The National Strategy for Children and Young People and Adults 2021 – 2026 cited *“too many autistic people still face long waits for their diagnosis and do not always receive support that is tailored to their needs at an early enough stage. Far too many autistic people still struggle in childhood, both with getting a diagnosis and with support following a diagnosis, including at school, and find it hard to get a job when they reach adulthood”*

[National strategy for autistic children, young people and adults: 2021 to 2026 - GOV.UK](#)

“Public services and policies should support people's individual profiles of difficulties and strengths.” (8)

Health services should support both the strengths and difficulties of autistic people and autistic people in contact with the Criminal Justice System must receive equitable healthcare and social care. There is a national shift toward recognising autistic individuals' abilities, interests, and contributions—not just their challenges.

National perspective

As of March 2025, a total of 224,382 patients in England were awaiting assessment for suspected autism or diagnosis through the NHS, of these 201,638 (89.9%) had a referral that had been open at least 13 weeks (9). In the past five to ten years, autism assessments in the UK have increased significantly, with a 787% rise reported between 1998 and 2018 (10) and comparable increases recorded with our current assessment providers of 767% increase for children and young people (CYP) (11) Data shows that autism is more commonly diagnosed in males. In a 2021 England study, boys had a prevalence rate of 2.8% but data for girls reported a prevalence rate of 0.65% [2] Masking in girls has been commonly cited as the reason for this however it has also been suggested that current clinical assessment is based on male presentation attributing to possible gender bias in diagnostic rates (12). At a local level we discussed this outdated view and suggested a gender inclusive approach should be taken.

A 2023 study estimated that between 150,000 and 500,000 individuals aged 20 to 49 in England may be autistic but undiagnosed. (13)

40-50% of individuals with autism also have an anxiety disorder, and this prevalence is rising as more autism diagnoses occur, increasing demand for autism-related mental health services. [14] Autistic people, especially those with co-occurring mental health conditions, are 9 times more likely to die by suicide than the general population. [15] Around 40% of autistic people also have ADHD and this is increasing as AuDHD prevalence grows. Co-existing conditions increase the complexity of assessment in adults for example diagnosis of fibromyalgia, chronic fatigue syndrome and hypermobility, however recognising and providing timely intervention to support needs and enhance understanding is critical in preventing escalation and negative impacts on health, well-being, education, employment and independence.

National research on the shift to a prevention-based model of support has been widely publicised. In December 2024 the Kings Fund (14) an independent charity working to improve people's health, openly supported the need for transformational shifts in how health and care services are planned, delivered and accessed, asking that this is reflected in the development of the NHS 10 Year Health Plan, recognising that *prevention* of health risk, access to *care closer to home* and *digital transformation* represent three key shifts in how services are delivered. All are integral in our rural community delivery of, and ensuring equitable access to, autism support services. The NHS 10 Year Plan (15) published by the government in July 2025 confirmed these priorities which support strategic recommendations at local level, recognising prevention and community support as essential elements in the proactive care of autistic people through their life journey and the preventing escalation of need. This provides joint commissioning opportunities for the Integrated Care Board (ICB) and local authority as we work together to review an all-age autism and ADHD pathway

The economic case for prevention has been documented by the London School of Economics who reported every £1 spent on prevention yields £5–£10 in savings (Knapp et al., 2011) and re-iterated again in 2024 in their report *The Economic Case for Prioritising Autism in Policy and Reform* – “comparatively little funding would deliver disproportionately good outcomes and decreased need for expensive statutory interventions” M Knapp, London School of Economics. At national level the economic cost of autism, caused by low employment levels, loss of earnings of family members and the inability to achieve sustained employment, costs the country £32 billion per year.

Local picture

At local level, the issues cited in national autism strategy remain, exacerbated by an increasing trajectory of demand. However, stakeholders involved in Shropshire autism strategy development believe that the primary ambition for autistic people should be their health and well-being and not the ability of autistic people to “get a job” as this can be the source of considerable stress/anxiety/discomfort. For many we know that access to assessment and diagnosis can be “the start of positive change” and the opportunity to learn and understand self. However, we also know that the narrative around assessment needs to change to manage expectations. Access to strategies of support and understanding of autism delivered using neuro-affirming language for children, families, parent carers and adults is critical in helping understand difference not deficit. In Shropshire, assessment referral data shows comparable increases with national rates – a 767% increase for children and young people (CYP) with the longest wait over 2 years. Increases of 31% are reported

for adult assessments referrals, with an average wait time of 4 years, both waiting times are unacceptable.

Total Shropshire population data is expected to increase by 15.1%, June 2025 Office of National Statistics figures, showing growth areas in adults aged 25 years and over with marked growth in 65 years +. Using current national prevalence data we are able to forecast the impact of autism and neurodivergence for our population in Shropshire; the data has been used to indicate the prevalence of autism at 4% and neurodivergence at 15% by age group; the numbers are significant increases from previous prevalence rates of 1% and represent significant capacity challenges for health and local authority services, including education, employment, housing and social care and the Criminal Justice System.

There is often unrecognised impact on parent carers/families navigating the autism assessment process for their children, the current referral process can be overwhelming and frustrating to parents with a wider impact on employment, income and well-being.

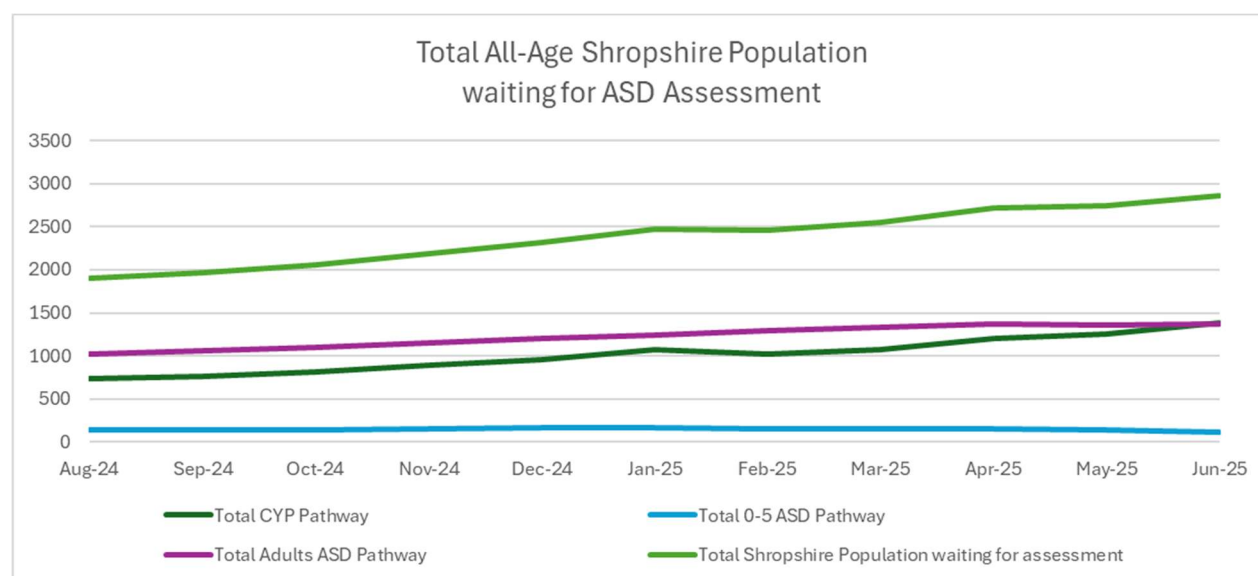
In Shropshire we are improving our understanding of our autistic population by mapping autism referrals in conjunction with community and school support; this is now being used to inform the location and demand for support needs in our communities. We have piloted all-age autism events in county hot spots raising awareness of available services and connecting with community and family hubs to meet people where they live. In addition, we have held focus groups with parent carers and autistic adults, listening to their experience of the assessment pathways, identifying issues and gaps in provision which would improve their experience and the outcomes for the child/young person or adult in their family. Neurodivergent CYP are 3-6 times more likely to have other mental health difficulties such as anti-social behaviour, depression and anxiety and research confirms links to school exclusion and links to the Criminal Justice System.

Shropshire Population trajectory 2023-2047 showing the impact of autism and neurodivergence prevalence

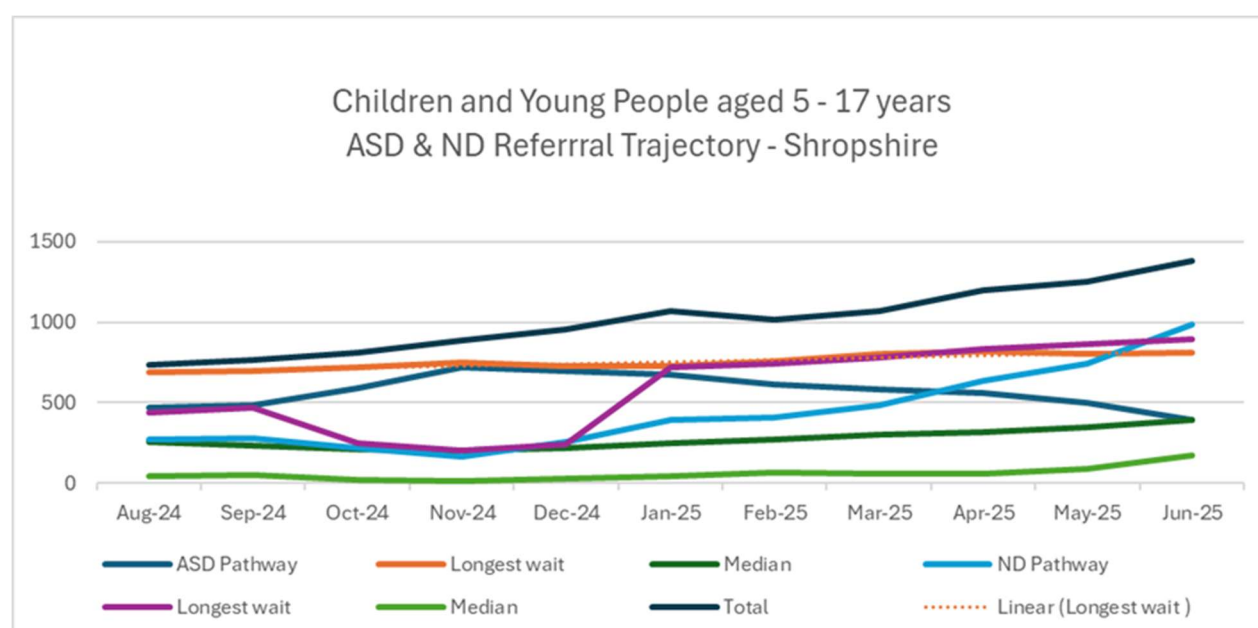
Age	2023	2047	Change	% Change	Autism Prevalence 2027 - 4% Population	Autism Prevalence 2047 - 4% Population	ND Prevalence 2023 - 15% Population	ND Prevalence 2047 - 15% Population
0-4	14521	13805	-716	-4.9%	581	552	2178	2071
5-14	35324	30747	-4577	-13.0%	1413	1230	5299	4612
15	3979	3318	-661	-16.6%	159	133	597	498
16-24	26973	25460	-1513	-5.6%	1079	1018	4046	3819
25-44	71,954	81338	9384	13.0%	2878	3254	10793	12201
45-64	95821	104357	8536	8.9%	3833	4174	14373	15654
65-84	75647	100987	25340	33.5%	3026	4039	11347	15148
85+	11653	26644	14991	128.6%	466	1066	1748	3997
Total	335,872	386655	50783	15.1%	13435	15466	62500	68998

In June 2025 Shropshire autism assessment referral data confirms 1381 CYP 5-17 years are on the waiting list for assessment; 1365 adults and 114 0-5 years– a total of 2,860 representing all age waits, with wide impact on the individuals, their parent carers and families. Of these the holistic approach offered by the 0-5 years pathway is the only data showing a downward trajectory but, overall, the data shows a **66% increase in referrals** for assessment between August 2024 and June 2025 which should not be ignored.

The total all-age autism pathway waiting lists is shown below. Children aged 3-5 years show a downward trajectory however 5- 17 and adults pathways show significant increases



Child and Young People Pathway showing upward trajectory in terms of numbers and waiting times



Target Population

- All age
- All assessment pathways, 3-5 years nursery and pre-school, 5-17 years provision for children and young people, and the adult's pathway
- Targeted areas of need - young adults transitioning from children to adults' services and older adults living with ageing parents, with unknown needs or diagnosis status.
- Older adults

What are the identified issues:



- Pre/post diagnostic and ongoing low level preventative support available at any age. Focus group feedback indicates existing support is not clear and parent carers, families and adults are often unclear where to find support
- Lack of understanding and communication of the assessment process, expectations and potential outcomes
- Lack of understanding of available support services and communication whilst on the waiting list
- Support must be accessible to all and needs led
- The voices of lived experience should be captured to influence service improvements
- The voices of parent carers and families' must be considered
- Reasonable adjustments are not understood, communicated and consistently available

- Lack of transition planning that extends beyond an EHCP (Education, Health and Care Plan) to provide on-going support to autistic people wanting to progress their education through university and further education
- Access to training on neurodiversity and autism is not consistently available to staff in education, health and care settings, leading to inconsistencies in understanding needs
- Care Act Assessments undertaken should be done "through the autistic lens"
- Inconsistent access to annual health checks, NHS passports, health services for autistic people including doctors, dentists and opticians
- Lack of clarity and guidance over the NHS Right to Choose to support patients in exercising a choice regarding their assessment provider. No shared data around the numbers waiting for assessment with alternative providers, their experience and access to locally based support provision once the assessment is complete

Strategic Goals Summary

1. Ensure Needs-Led, Person-Centred Support

- Deliver support based on individual needs, not diagnosis status.
- Improve access to needs-led support in communities, consider the development of Neurohubs and their focussed support and specialist knowledge on neurodivergence
- Provision of education and support for autistic individuals of all ages to ensure autistic people understand themselves. The delivery and availability of support such as "this is me", "about me" initiatives are essential
- Promote access to reasonable adjustments across all health services (GPs, dentists, opticians)
- Use Autism Champions or Buddies to support individuals through processes

2. Promote Prevention and Early Intervention

- Implement a prevention model of support for autistic people of all ages and their parent carers/families
- Provide early intervention across all age groups to prevent escalation and crisis
- Embed social prescribing and community-based support

3. Improve Access and Capacity in Autism Assessment and Support

- Reduce waiting times for autism assessments for both children and adults
- Increase capacity for online and face-to-face assessments
- Develop an integrated diagnostic and care pathway, including pre/post-diagnostic and ongoing preventative support through schools, community and family hubs providing accessible community-based support for all ages that recognises the contribution from the school nursing team
- Ensure continuation of EHCP support into further education and adulthood

4. Empower Families and Individuals

- Ensure parent and carer voices are heard in referral and support processes

- Navigational support through the referral process
- Reduce stress and anxiety caused by referral and assessment process with clearer communication and improved access to specialist support through the commissioned universal autism support service and autism hub
- Recognise the impact of an autistic family member on carers, families and friends, through Shropshire Carers support

5. Build Workforce Capability and Systemic Change

- Mandate neurodivergence training for education and health staff
- Ensure consistent training for school staff

6. Enhance Communication and Information Sharing

- Provide clear, consistent, and empowering information, through a joined-up communication plan with health partners
- Regular updates on diagnosis wait status
- Improve digital systems (e.g., digital flags for communication and progress tracking)
- Ensure the needs of CYP or adults are recorded consistently across support services such as mental health provision, social prescribing - to ensure a clearer understanding of the size and needs of our autistic population and any gaps

7. Foster Inclusion and Community Engagement

- Increase visibility and support through community-based hubs and social prescribing
- Ensure the co-production of CYP and adults in service design and delivery
- Reduce stigma and promote acceptance of autism

8. Communication and understanding

- Provision of education and support for autistic individuals of all ages to ensure autistic people understand themselves. The delivery and availability of support such as “this is me”, “about me” initiatives
- Mandatory neurodivergence training for staff in health and education settings and consistent provision and understanding of reasonable adjustments for autistic people
- Access to annual health checks, NHS passports and improved access to health services for autistic people including doctors, dentists and opticians.
- Clarity on the NHS Right to Choose offer and process/advice support for carers, families and adults through Shropshire GPs

Expected Outcomes

Short term - focussing on accessibility, awareness, and early-stage support mechanisms:

- Autism support is accessible in community locations
- Parents and children/young people (CYP) are listened to and supported
- CYP understand their needs and are empowered

- Person-centred care is embedded in practice
- Improved understanding of autism and strategies to support CYP and their families
- Increased acceptance and reduced stigma for autistic individuals
- Enhanced coping mechanisms for autistic people

Medium term – reflecting systemic improvements and service integration

- Clear, needs-led support pathways available regardless of diagnosis status
- Improved communication and collaboration across services (e.g. schools, health, VCSE)
- Reduced waiting times for assessments through increased capacity and digital access
- Consistent and mandatory neurodiversity training for education and health professionals
- Improved access to social prescribing and community-based support
- Enhanced support for parent carers, including advocacy and navigation assistance
- Implementation of digital tools (e.g. flags, updates) to track progress and communication
- Strengthened voice and co-production from CYP and adults in service design

Longer term – representing the overarching vision and systemic transformation:

- A comprehensive, well-communicated support offer for all ages, regardless of diagnosis
- Systemic change in the diagnostic process: prompt, needs-led, and compassionate
- Lifelong support that reduces escalation of health needs and prevents crisis
- Families, CYP, and adults are supported throughout their life journey
- Autistic people can access help and support confidently and know what is available
- Continuity of support from early years through adulthood, including transitions to further education and independent living

Education and Preparation for Adulthood

“Neurodivergent children can thrive in an educational setting when given supportive and understanding environments tailored to their unique needs.” (16)

Background

Equitable support for autistic children in schools and a positive experience, is fundamental to supporting educational achievement and well-being with wider impact on employment, independence and fulfilment for many. School support for autistic children is recorded in increasing statutory guidance however a joined-up approach must be delivered to recognise the life-long impact of a poor school experience on well-being, mental health, anxiety, social isolation, educational achievement and employment opportunities.

We should all show a “commitment to developing empathetic educational practices that cater to the unique cognitive needs of neurodivergent children” (16)

Education is not just primary and secondary; it must include considerations of transition and consistency of post 16 support to further and higher education to ensure an equitable offer to all. We must create an employment pathway to a better future that includes preparation for the world of work, training for employers, meaningful work experience and volunteering placements/supported internships to allow students to “try” opportunities in different sectors.

“Autistic people have strengths, abilities and interests that often exceed their more neurotypical peers... including attention to detail, visual perception, creative and artistic talents, mathematical and technical abilities.” “Using a strengths-based approach from the outset... helps give autistic individuals a much more balanced outlook.” (17)

Across Education we must recognise the unique talents of autistic students adopting a strengths-based education that fosters a more positive and empowering experience for autistic learners.

National perspective

The **2015 Special Educational Needs and Disability (SEND) Code of Practice** places duties on local authorities, NHS and schools in respect of autistic children and young people [SEND Code of Practice January 2015.pdf](#) Under statutory guidance accompanying the National Autism Strategy, SENCOs should inform young people with autism of their right to a community care assessment and their parents of the right to a carer’s assessment. This should be built into preparing for adulthood review meetings for those with Education Health Care (EHC) plans. The SEND APP, Special Educational Needs Accelerated Progress Plan, should improve autistic competence and confidence in schools, train staff and school teams to be inclusive and consider adjustments to the school environment to accommodate the needs of autistic children.

The **2019 – NHS Long Term Plan** - <https://www.longtermplan.nhs.uk/> committed to reducing autism assessment waiting times and delivering packages of post-assessment support for children and the **2021 – 2026 National Autism Strategy for Children and Young People and Adults** cites too many autistic people still face long waits for their diagnosis and do not always receive support that is tailored to their needs at an early enough stage. Far too many autistic people still struggle in childhood, both with getting a diagnosis and with support

following a diagnosis. This includes supports at school and challenges in finding employment.

In March 2024 National Autism Charity, Ambitious about Autism, called for the government to extend education health and care plans (EHCPs) to provide a legal duty to support autistic young people in work becoming *employment* health and care plans [Autism Eye - EHCPs 'should be extended into employment health and care plans'](#) “the requirement for support does not end when a young person leaves school or college.”

This recommendation supported the Buckland Review of Autism Employment (18), published in February 2024, that found most autistic people want to work however, just three in ten are in jobs due to stigma and lack of understanding and many of these are not full-time jobs worthy of the individuals skills, qualifications and experience.

The Review’s recommendations include guidance for employers on inclusive procedures, training for autistic staff, equipping career advisers to give better support, and guides for appropriate premises and furnishings.

“Neurodivergent children experience profound anxiety, depression, and sensory overload triggered by a typical school environment they find simply overwhelming.”

This year, in June 2025, as we approach the final year of the National Autism Strategy 2021-2026 and a new government takes the helm, there has been increased activity in reviewing autism at national level. The Autism Act 2009 Committee and House of Lords Select Committee issued a call for evidence from autistic people and professionals reflecting on their own experience and gaps in provision, a report is due in November 2025. The Neurodiversity Task and Finish Group, convened to review education support for neurodivergent children between March and September 2025, is to make recommendations to DfE ministers on the best ways to support and meet the needs of neurodivergent children and young people in mainstream settings, the work of Shropshire’s Neurodiversity Practitioners has been shared with members of this Task and Finish group as evidence of good practice. The group will consider the following issues in their review of how classroom practices and wider approaches could better meet neurodivergent children and young people’s needs:

- the presentation of overlapping and co-occurring needs (when different conditions occur together or have similar types of need) and how to support these
- the types of support that should not depend on a diagnosis
- provide a shared understanding about what provision and support should look like, informing classroom practices and wider approaches
- best practice regarding the commissioning of support services across education and health
- how to effectively deliver educational support for neurodivergent children and young people locally, regionally and nationally; and how that support can properly consider long-term ability to be successful and independent in future life as well as short-term support and adjustments
- how to reduce school avoidance – national data is stark, school avoidance occurs in 7.1% of neurotypical children, compared with 42.6% of autistic children (19)

Local picture

“The confusion of the early years and discovering your child is neurodivergent, to navigating a school system that doesn’t seem to fit, and the daily frustrations of picking your battles (and losing most of them)” (20)

- The rising trajectory of autism assessment referrals in CYP - 767% increase reported at the end of 2023 placing schools under increased pressure to manage the increase in referrals. During the autism strategy development period referrals have almost doubled
- The lack of data on the recording of CYP needs in schools and the links to school support – examples include the Inclusion Development Grant, to develop early intervention/prevention strategies to reduce exclusion in secondary schools, Risk of NEET Index (RONI), Emotional Based School Avoidance (EBSA), Mental Health in schools and Talk to Work programs
- The need to improve understanding, communication and navigational support of support services for parent carers and families
- The impact of rising numbers of children requiring an EHCP with a primary need of autism. Data shows a doubling between 2021-2023, capacity issues causing delays for EHCP's and withdrawal of children from school whilst waiting (with wider impact on social isolation, education gaps, stigma and impact on the family)
- The impact of school experience on CYP. London School of Economics reported the long-term impact of bullying for autistic children on mental health and life achievement
- The need for a partnership approach in SEND reviews which is person-centred and includes parents understanding of their children
- The need to provide equitable access to preschool and after school clubs for autistic children
- The need for autistic competence and confidence to ensure understanding around the environmental and cultural impact of schools on an individual's experience which contributes to underachievement, school avoidance, social isolation and mental health issues
- The inconsistent support and the lack of set standards/expectations of accessible support available in higher education institutions compared to primary and secondary schools
- Improved understanding of the Equality Act 2010 and access to reasonable adjustments
- The need for consistent knowledge and support for autistic CYP
- The need for person centred resources for support pre and post diagnosis in education settings
- The need for less rigidity in school curriculum and focus on exam attainment impacting educational outcomes for autistic young people

“The earlier the young person is recognised as autistic and positively supported, the less likely that severe mental health issues will develop.” (21)

Target Population

- Autistic children and young people (CYP)
- Autistic young people including post 16 transition and those accessing higher or further education
- Autistic adults wanting to continue education at any age

Intervention activities that will address the need:

- Training in schools to achieve minimum standards of staff autistic competence and confidence through coordinated activities of Autism Education Training, Partnership for the Inclusion of Neurodiversity in Schools (PINS) and Shropshire's Neurodiversity Practitioners (NDP's) and increase the use of neuro-affirming language consistently across all schools and in all classrooms
- Neurodiversity Practitioner Team – advocate for mandatory and free support for ALL Shropshire schools moving from the current traded model to ensure equity
- Neurodiversity Practitioner Team, refine support offer for secondary schools/college to include Preparation for adulthood and Post 16 support, specifically those on Risk of Need Index (RONI)
- Improve data collection of CYP to ensure all health conditions are recorded consistently across all projects
- Extend the reach of Primary school support through Partnership for Inclusion of Neurodiversity in Schools to support all Shropshire Primary schools. The 2025/26 extension to PINS has been welcomed but an equitable offer of training and peer support networks should be available in ALL schools
- Review the impact of EHCP accuracy and updates in ensuring the needs of autistic CYP are accurately represented and offer transition to higher/further education or employment
- Targeting of Information, Advice and Guidance to children and families on the diagnostic pathway – improve the collaboration with assessment pathways, schools and the community to ensure awareness and accessibility
- Focussed support offer available in the community through the use of Family and Community Hubs and improved accessibility to universal autism support services; these have been piloted 2024/2025 offering all age support to CYP and parent carers and families of primary and secondary school age children and those transitioning to adult services at 18. Ensure support services are commissioned in line with demand
- Ensure the shaping of future support listens to the experience of autistic CYP – this can be included in the launch of a pilot radio club project aimed at promoting skills and confidence through producing a podcast, encouraging CYP to talk and learn about key issues to them
- Regular access to autism assessment referral data to ensure support services match areas of need across the county. This must be established routinely to inform community and service provision

Strategic Goals Summary

1. Drive Systemic and Cultural Change

- Create inclusive school environments that recognise the holistic needs of neurodivergent children and allow them to thrive in school. If not in place, this impacts home education and school exclusion
- Reduce stigma using neuro-affirming language
- Challenge rigidity in the national education system to support diverse learning needs

2. Improve Data and Insight

- Ensure consistent data capture on CYP with additional needs to inform sustainable solutions that ensure we understand the needs of all children

- Use autism referral data to align support services with areas of greatest need

3. Enhance Support Across the Education Journey

- Provide consistent, needs-led support pre- and post-diagnosis
- Develop a co-produced, transferable support document (e.g. a “passport”) for transitions to higher education and employment
- Ensure **mandated support** for autistic students in schools at all stages of education

4. Strengthen Training and Workforce Development

- Deliver autism training for school staff through coordinated programs (e.g. Autism Education Training, PINS, NDPs)
- Establish minimum standards for consistent delivery across schools and other education institutions
- Expand the Neurodiversity Practitioner Team and peer support networks to ensure support can be accessed again and when needed

5. Empower Children, Young People, and Families

- Ensure CYP voices shape future support services (e.g. via the Youth Partnership Board)
- 'Empowering the autism community' more generally in education (e.g., ways in which autistic people in education, and their families where relevant, are given opportunities to shape services, environments, policy etc to include post-school education)
- Improve communication and navigation of services for parent carers and families
- Reduce the number of children educated at home by meeting needs within schools

6. Build Sustainable and Integrated Support Systems

- Position schools as community hubs for autism support
- Improve access to commissioned, voluntary, and social prescribing services
- Reference autism consistently in strategic frameworks (e.g. SEND & APP Review, Youth Strategy, Neurodiversity Workstream)

7. Improve Educational and Life Outcomes

- Increase educational achievement at secondary level.
- Support transitions into further and higher education, integrating more continuity of support in education to reduce the disruption that can be experienced
- Increase accessibility of university and the completion of programs because support needs are met; this in turn improves graduate outcomes and opportunities to acquire meaningful/purposeful employment post-graduation

Expected Outcomes

Short-Term:

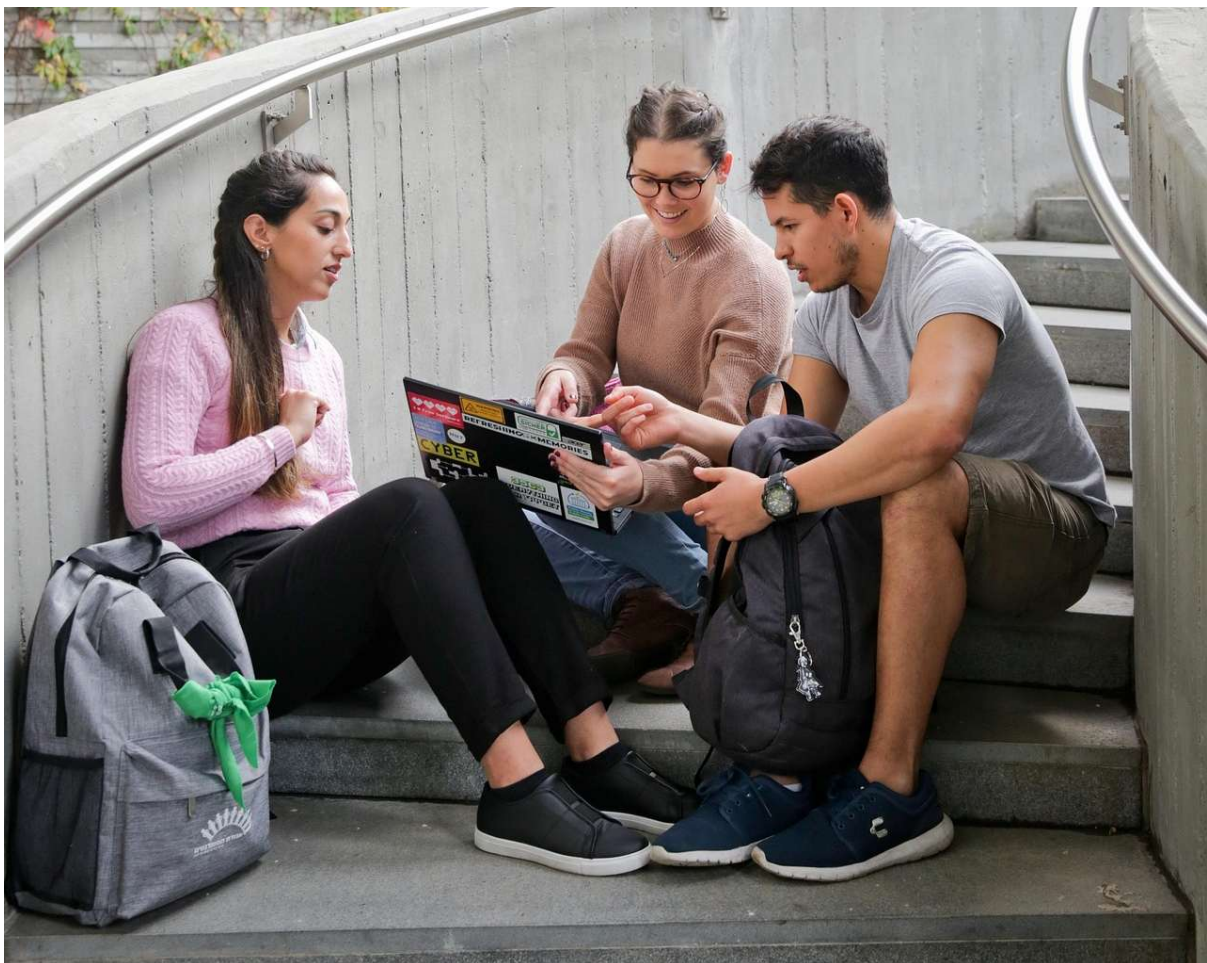
- Increased autism awareness and training uptake in schools
- Improved communication between families and services
- More consistent support for autistic CYP across educational settings

Medium-Term:

- Reduction in school exclusions and elective home education
- Better alignment of services with local needs through improved data
- Enhanced transitions to post-16 education and employment

Long-Term:

- Higher educational attainment among autistic students
- Increased employment and independence for autistic young people
- A more inclusive and equitable education system for all neurodivergent learners



Employment

“Just 3 in 10 autistic people have a job.”

Background

“Neglecting autistic strengths and abilities can inadvertently perpetuate stigma around autism and limit people’s potential.” (22)

Employment, including self-employment, supports self-esteem, independence and well-being, it offers fulfilment, a sense of achievement and should be accessible to all. A shift is needed to improve understanding of autism in the workplace, to enhance employer autistic competence and confidence and accountability, particularly around reasonable adjustments and inclusive practices under the Equality Act 2010.

The National Autistic Society report *Left Stranded* (23), showed the pandemic exacerbated the inequalities autistic people already faced of loneliness, anxiety and exclusion from public spaces, as well as new pressures that include shopping, social distancing measures and employment.

We need a broader shift to recognising the value of autism to employers, where businesses and society benefit from the diverse abilities of autistic individuals. Highlighting strengths helps challenge stereotypes and unlock potential in the workplace.

“Teams, businesses and societies can benefit from embracing the diversity of abilities that autistic and other neurodivergent people have.” (17)

National perspective

At national level the Annual Population Survey 2020 (24) reported that 21.7% of autistic adults are employed and are more likely to be in roles below their skill level or in unstable employment. Being unemployed excludes people from society. It limits their ability to support themselves and impacts their mental health. Lack of diagnosis, education, awareness and stigma associated with disclosing autism are all reasons attributed to the low percentage. By November 2024 the Annual Population Survey shows an improved employment rate of 30% reflecting improved identification of autistic people and greater prominence and topical coverage of autism however data recording of autism is limited with no coverage of wider neurodivergent needs.

MP Sir Robert Buckland issued the Buckland Report in February 2024 escalating the national issue of low employment levels and calling for improved training, understanding and support from employers. This was supported by a report issued by the London School of Economics citing the economic cost of low employment rates for autistic people nationally costing the economy over £10 billion. Further studies estimate that between 70% and 95% of autistic children have a mental health condition increasing the risk of unemployment among young adults.

The launch of the Neurodiversity Employability Index, led by national charity Autistica, in July 2024 provided a formal process of accreditation for employers, an opportunity to review recruitment practices, test understanding and knowledge, demonstrate a positive management and workforce culture that understands reasonable adjustments in the

workplace, at every stage of employment. 118 pioneering organisations spanning 10 sectors participated in the NDEI®, to learn more about becoming leaders in workplace neuroinclusion and included Enable Employment Support, Shropshire Council, who achieved Silver accreditation in December 2024.

“Organisations know that they need to do more to be inclusive of neurodiversity in the workplace. But many don’t know where to start, and others are uncertain about how to make measurable year-on-year progress. That’s where the NDEI® comes in.” (25)

Local picture

In Shropshire, adult social care data shows that only 14% of adults with a primary need of autism who are accessing adult social care support, have an employed status. In 2025, costs and support needs continue to rise reflecting escalating needs that often stem from a lack of needs led support earlier in life.

Our review of local employment support data shared by the Department for Work and Pensions (DWP) shows some highlights from Shropshire’s employment data: this is recorded under “disability” however, whilst accurate, also demonstrates that we are unable to quantify our employment rates for autistic people in Shropshire. To improve our understanding of employment rates of autistic people we need a consistent approach to how this data is captured to accurately reflect the local and national employment position. Not only is there is no consistent method of data recording through the DWP, Enable and employers but research indicates that the stigma of disclosure, fear of rejection and reduced opportunity is exacerbated by cultural and societal acceptance of difference.

1. Of 182,300 working age people in Shropshire, 45,200 are disabled = 24.8% (DWP October 2023 – September 2024)
2. 25,145 people are recorded on UC Universal Credit – (December 2024) with Shropshire 8th place out of 20 West Midlands local authorities

To capture and reflect the employment views of autistic people, a Shropshire Council employment survey was published on March 3rd closing 2nd May 2025. The responses received provided rich and current data on the work-related challenges faced by autistic people providing quantitative and qualitative data to evidence the need for change.

What the survey told us:

A total of 195 individuals participated in the survey, with 97% identifying as neurodiverse. Among those, 72% had a formal diagnosis of neurodiversity, while 26% were self-diagnosed. Most respondents identified as having Autism Spectrum Condition (ASC), followed by ADHD, dyslexia, and sensory processing difficulties. The gender breakdown showed 33% male and 62% female respondents, with a diverse age range represented. The survey respondents live across Shropshire but there were far more from the Shrewsbury area than from other parts of the county (111 of the 195). Whilst this is positive evidence it also suggested that the survey should be promoted again across local communities to ensure all demographics in Shropshire are represented in the survey findings.

The survey also assessed the education and employment status of respondents, revealing that 52% were employed, while others were students, self-employed, or unemployed. Only

16 respondents were receiving support from employment services. Some of the survey topic highlights are shown below:

1. Preparation for work - 55% of respondents felt prepared, while 39% did not
2. Workplace adjustments - 70% of respondents understood the concept of reasonable adjustments, but 49 individuals were unaware of it, indicating a need for greater awareness
3. Applications - significant barriers in understanding job descriptions and advertisements, with many respondents expressing that employers often do not clearly welcome applications from neurodiverse individuals and stigma associated with sharing autism as a "disability"
4. Job Interviews - only 13% of respondents felt comfortable discussing their neurodiversity during interviews, affecting implementation of reasonable adjustments
5. In Work - 75 of the 86 respondents in work do not feel that they can be their "true self" in the workplace. A large number expressed concerns about stigma and bullying, with many indicating that their neurodiversity negatively impacted their workplace relationships and opportunities for promotion

The findings from the survey suggest there is a significant need for improved understanding and support for neurodiverse individuals within the workplace. Key themes identified include the necessity for additional training for employers, better implementation of policies, and the provision of reasonable adjustments. A significant issue highlighted within the survey comments identified that many individuals choose not to disclose their neurodiversity because of previous poor experiences, this is exacerbated by a lack of understanding of reasonable adjustments (for both employer and employee), including eligibility and types of adjustments available. This presents challenges for employers who are not always aware of their employee's needs and are therefore unable to respond by offering appropriate reasonable adjustments.

Employment support must be in place on several levels. We must introduce training to prepare young people for employment and the world of work - what to expect, how their behaviour might be interpreted, reasonable adjustments and positive ways to help a smooth transition to the workplace to support sustainable and meaningful employment. Such actions and employment support would deliver a consistent approach benefiting all autistic people and support a positive cultural change in recognising the strengths of all people in the workplace.

What are the issues:

- Lack of understanding of autism and workplace reasonable adjustments, as specified in the Equality Act 2010, for both employee and employer - there is a clear need for education rather than awareness in driving staff autistic competence and confidence, a cultural shift that accepts "difference"
- Lack of visibility of employers who positively support neurodiversity
- Inconsistent approach to employment support for autistic people ensuring needs led support to find sustainable employment
- Risk of stigma associated with disclosing individual needs to an employer
- Shortage of supported internships and work opportunities for autistic young people

- Poor data around the primary needs of the job seeker so that support needs and resources can be assessed and prevalence recorded
- Vulnerabilities of autistic young people as they transition from school to further education/employment/training and the impact of that transition
- No continuation of an EHCP (Educational Health and Care Plan) to document the needs of an autistic person as they transition from education towards employment
- Needs led Post 16 support for those CYP who are recorded on the Risk of Neet Index (RONI)
- Not all autistic people will be able to work. Access to benefits and support must be available to all when needed
- The economic cost and financial impact of low employment rates on individuals, their well-being, families, our communities and economies

Target Population:

- Young people aged 14-16+ who are leaving education who require clarity on employment opportunities and confidence that employers understand their needs
- Autistic adults who are available for or looking for employment
- Autistic adults who are in work

Intervention activities that will address the need:

- Mandatory training and autistic competence and confidence for employer and employee
- Introduction of a co-produced “About Me” document and EHCP/Passport to allow a consistent platform for identifying support needs for transition to further education or employment
- Recruitment practices that recognise difference and offer reasonable adjustments at all stages of recruitment
- Neuro-affirming language should be used avoiding deficit-based language
- Employment awareness campaign to double employment rates in Shropshire - for example Shropshire Chamber and Marches Growth Hub
- Promotion and adoption of the national Neurodiversity Employability Index (NDEI)
- A Neurodiversity Champions forum co-produced to ensure support from local authority to employer level providing a platform for peer support
- Post 16 to access Neurodiversity Practitioners support in schools to provide 121 support to meet needs including those that are identified on RONI. This should include a record of the need for support that includes autism
- A consistent employment support offer that records need to provide data on employment rates
- Training on the Equality Act 2010 and Reasonable adjustments
- A coproduced Neurodiversity Champions forum

Strategic Goals Summary

1. Increase employment rates for autistic adults

- Align with Autistica’s national ambition to double employment rates by 2030

- Reduce economic costs of unemployment (estimated nationally at £10 billion annually)
- Improve societal outcomes and generate potential savings of £1.5 billion per year

2. Improve Employer Understanding and Inclusion

- Enhance employer autistic competence and confidence and accountability, particularly around reasonable adjustments and inclusive practices under the Equality Act 2010
- Promote the use of neuro-affirming language to reduce stigma
- Engage employers through initiatives like the Neurodiversity Employability Index (NDEI) and partnerships with local business networks

3. Enhance Support Structures and Pathways

- Develop a consistent, needs-led approach to employment support
- Review and implement a Disability Passport to identify and communicate support needs
- Expand supported internships and work opportunities for autistic young people

4. Strengthen Data and Visibility

- Improve data collection on neurodivergent job seekers to better understand needs and outcomes
- Increase visibility of inclusive employers to encourage best practice and reduce stigma

5. Support Transitions and Independence

- Focus on Preparation for Adulthood and support for young people aged 14–16+
- Provide clear employment pathways for young adults leaving education
- Reduce reliance on social care through increased independence and employment

6. Foster Community and System-Wide Change

- Collaborate with local authorities and business groups (e.g. Shropshire Council, Chamber of Commerce)
- Promote county-wide awareness campaigns to shift perceptions and improve access to equitable job opportunities.

Expected Outcomes

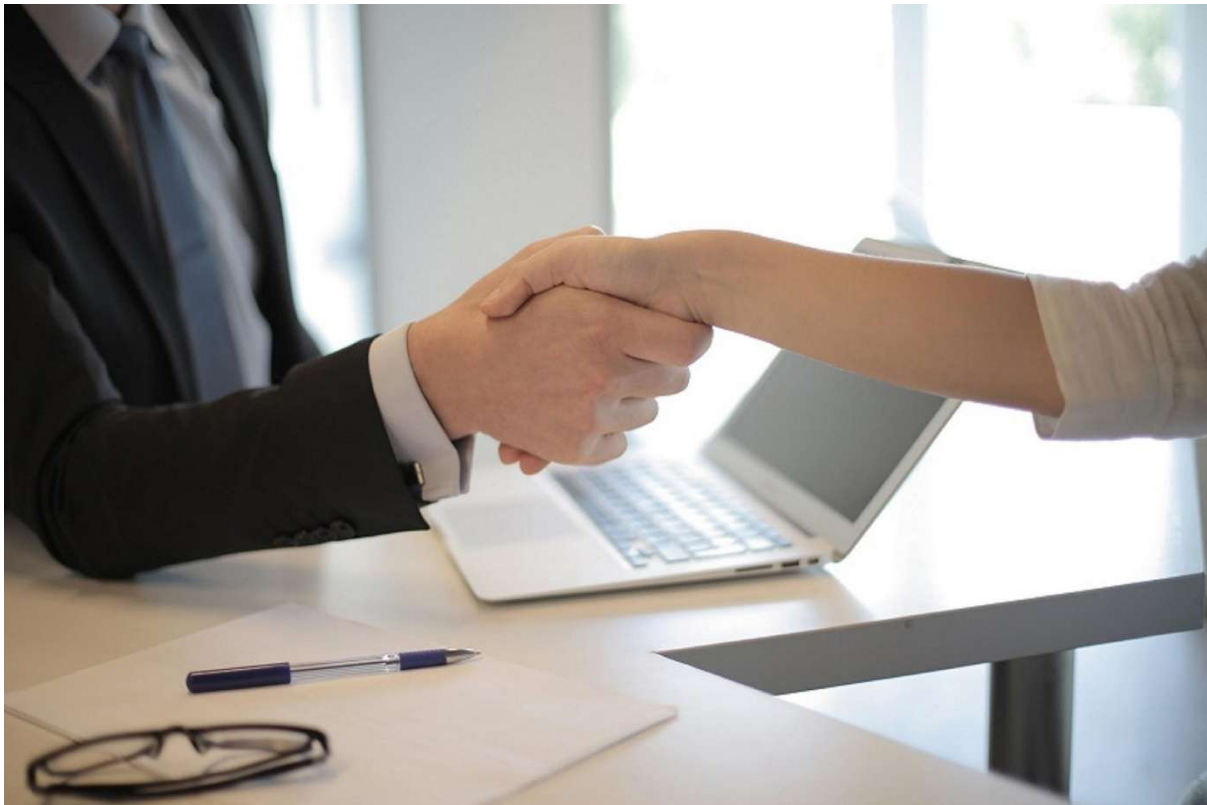
Medium-Term

- Broader employer competence and confidence relating to autism and neurodiversity, supported by business partnerships such as the Shropshire Chamber of Commerce and Marches Growth Hub
- Commitment to national employment accreditation initiatives focusing on support for neurodivergent people looking for work, and in the workplace
- Importance of Post 16 support and transitions, ensuring the needs of autistic young people are met and matched to strengths
- Systemic improvements in data collection and visibility of neurodivergent needs in employment
- Improved access to equitable job opportunities for autistic individuals

- Increased independence and overall well-being

Long-Term

- A measurable increase in employment rates for autistic adults, sharing the national goal of doubling these rates by 2030
- Reduction in reliance on social care through sustainable employment, improved well-being and improved transitions into adulthood
- Creating a consistent, inclusive employment support system that is needs-led and neurodiversity-aware



Housing & Social Care

Background

The autism strategy aims to address the complex and evolving housing and social care needs of autistic adults in Shropshire. Drawing on evidence from the Housing LIN Report (Jan 2025), Power BI analytics, and Census 2021 data, it highlights the urgent need for a coordinated, data-informed, and person-centred approach to commissioning services. The strategy recognises the significant local authority financial burden and the human cost of inadequate housing and support including identifying areas of under reporting particularly for undiagnosed autistic adults living with ageing parents.

The increase in autism assessment referrals for CYP and adults, including long waiting times of between two and four years, may contribute to the rise in the population eligible for local authority support from the, including escalating needs whilst waiting. Understanding the impact of the “burden of waiting” is the subject for a study to be conducted by Keele University – UNPACK study – “Supporting and understanding neurodivergent people through diagnosis seeking and the burden of waiting” and will help inform the needs of those waiting for assessment, the reasons for assessment and impact on housing and social care support.

Housing LIN reported a noticeable push toward greater independence and person-centred living for people with autism and those with coexisting conditions such as autism and learning difficulty. The expectation for supported living is becoming the norm rather than an exception and this links in closely to the experiences of young and older autism people “who can face difficulties transitioning to supported housing later in life, especially when they move after years of living with their parents”. Opportunities to provide independent living skills supports increasing expectations around independence reported in Housing LIN and demonstrate a shift to more personalised living environments that shared housing does not always provide.

There is a need for collaborative planning and data utilisation between health and council teams to identify the needs of autistic individuals and their families. This can come from a number of sources including data from autism assessments, post 16 transition and social prescribing. This information will contribute to better informed housing and support services, creating a clearer pipeline of need and improved planning to help meet needs to achieve best outcomes for the individual. Work has already started in this area by improving the recording of neurodivergence and autism by the social prescribing team. Understanding the needs of our population will improve our planning and shaping of service improvements.

Improved planning is further enhanced by a multi-disciplinary approach to ensuring a housing solution meets individual assessed need and building a robust prevention model of support for autistic adults to reduce the escalation of needs.

Positive outcomes can be achieved by identifying gaps in provision based on evidence and data with opportunities to work closely with developers to ensure person centred builds that meet needs and ensure individual safety together with closer working relationships and collaboration with the autism hub to understand needs.

Target Population

- Autistic adults at any stage of diagnosis
- Autistic adults with identified housing and social care needs
- Undiagnosed autistic adults living with ageing parents whose needs are currently unrecorded

Intervention Activities - these interventions are designed to work together to create a more responsive, inclusive, and forward-planning system of housing and social care for autistic adults:

- Mandatory autism training for professionals in commissioning and social care
- Person-centred, needs-led support with improved communication
- Development of housing specifications tailored to autistic needs
- Independent Living Skills programme to assess and support practical independence
- Internal resources for timely Housing Needs Assessments
- Clear communication of prevention offers using visual and written formats
- Collaboration with Keele University's UNPACK study to understand the burden of waiting and inform future services

Strategic Priorities

1. Data-Driven Planning & Forecasting

- Improve internal data systems to forecast housing and social care needs for autistic adults
- Use EHCPs, autism hub data, and Housing LIN insights to map geographical demand and plan services
- Collaborate with health services to identify undiagnosed autistic adults living with ageing parents

2. Prevention & Early Intervention

- Clarify the prevention offer and communicate it through both visual and written formats
- Shift towards proactive, community-based support aligned with the NHS 10-year plan and consider using existing specialist knowledge to enhance support, for example through the autism hub
- Reduce crisis situations through early identification and support
- Promote voluntary sector involvement for low-level, preventative support

3. Housing Strategy & Independent Living

- Develop housing models that are person-centred and autism-informed (sensory, auditory, safety needs)
- Build a pipeline of need to support transitions from childhood to adulthood
- Design and implement a programme to deliver practical independent living skills
- Increase availability of specialist and independent living accommodation
- Build internal resources to conduct Housing Needs Assessments, reducing reliance on external commissioning and improving timeliness of outcomes

4. Workforce Development & Training

- Mandatory autism training for all professionals involved in commissioning and social care
- Embed specialist autism knowledge in assessment teams

5. Lived Experience & Co-Production

- Capture voices of autistic adults, parent carers, and families to shape services
- Develop Autism Champions to advocate and support others

6. Service Navigation & Communication

- Improve clarity and accessibility of support services through visual and written formats.
- Promote an “umbrella of ordinary things in ordinary places” in line with the Shropshire Plan, ensuring autistic adults can access mainstream community resources
- Consider animations and other tools to explain local offers and processes

Expected outcomes

Immediate Outcomes

- Clearer trajectory of need to inform planning and budgeting, including transition planning
- Improved clarity of existing service offers
- Identification of gaps in provision based on evidence and data
- Opportunities to collaborate with developers for person-centred housing
- Stronger collaboration with the autism hub

Intermediary Outcomes

- Reduced crisis situations due to timely and appropriate interventions
- Lower demand for emergency accommodation
- Increased managed moves through better crisis planning
- Evidence-based pipeline of need using transition and adult data

Long-Term (Primary) Outcomes

- Autistic people are supported to live in the right accommodation, at the right time, with the right support
- A care market that is well-equipped to meet the needs of autistic people
- Enhanced internal systems for forecasting and strategic planning
- Greater visibility of autistic adults living with ageing parents to inform commissioning

Criminal Justice System

Background

Understanding the impact of autism and wider neurodivergence system-wide across the Criminal Justice System provides insight and intelligence on prevalence, cost and capacity. It suggests the need for systemic change within the Criminal Justice System, improving understanding and practices to ensure appropriate support for autistic people of all ages, recognising their vulnerabilities to, and within, the Criminal Justice System and the impact on their families and wider communities.

“The challenge is not related to knowing what to do to deliver services that make a positive difference. Rather, it is the alignment of them within a comprehensive systems pathway.” (26)

National perspective

National data (ADHD Foundation) suggests prevalence of Autism in prisons is as high as 8.5% however research from the HM Prison & Probation Service (HMPPS) review in 2021 suggests that *“within prisons the prevalence of autistic ‘traits’ or ‘indicators’ could be around three times as high (16% and 19% respectively)”* and in some prisons as much as 50%. Many autistic prisoners remain undiagnosed, encountering misunderstandings caused by inconsistencies in awareness, screening, and identification. Their behaviour is often misunderstood and negatively impacted by lack of diagnosis or support contributing to their struggles to succeed in a society that doesn’t understand or support them.

“We were struck by the number of times the word ‘difficult’ was used in evidence, most commonly in relation to perceptions of the behaviour of neurodivergent people. It would perhaps be more useful to reflect on how ‘difficult’ the Criminal Justice System is for people with neurodivergent needs, and what could be done to change this.” (27)

Whilst the data focus is on autism in the prison population, the direction of travel through the Criminal Justice System often includes all other elements, depending on age. The police, probation, youth justice, courts and forensic teams are all impacted. The HMPPS report recognised *“there is no reliable, consistent or systematic data collection, either within individual services or across the Criminal Justice System as a whole, which can tell us about the extent of neurodivergence”*.

In addition to this, available data suggests a huge discrepancy in the increasing presentation and recognition of autism, ADHD or both (sometimes referred to as AuDHD). Prevalence data shows that at least 40% of autistic people have co-occurring ADHD, and that this must be considered in the education and training of Criminal Justice System staff.

The “Neurodiversity in the Criminal Justice System: a review of evidence” report includes the following key observations *“it seems that perhaps half of those entering prison could reasonably be expected to have some form of neurodivergent condition which impacts their ability to engage”*. This is supported by a survey of police, prison and probation staff who revealed consistently low levels of awareness, understanding and confidence in relation to neurodiversity, people involved in the Criminal Justice System made a powerful plea for

criminal justice staff to simply make full use of their ‘soft skills’ – listening, empathy and compassion.

The review of evidence report makes six short recommendations, including an overarching recommendation about coordination and call for “a coordinated and cross-government approach”, working together, and with other statutory and third sector organisations in a coordinated way. To understand and **meet the needs of neurodivergent individuals in the community, prevent offending and supporting rehabilitation.**

There is a wide corpus of literature (28) that refers to limited autism-related knowledge in the broader Criminal Justice System as a whole, the implications of what this can mean for how autistic people’s behaviours are understood and/or whether undiagnosed people are identified for screening/diagnosis/support services or are even perhaps misdiagnosed. There are examples of staff who don’t fully understand autistic needs and presentations may interpret autistic prisoners as disrespectful; may not appreciate the need to use low arousal approaches to de-escalate situations; may not fully recognise how an individual’s autism may form context for adjudications, and who may struggle to disentangle what behaviours are risk-related

These misunderstandings seem to resonate across individual interactions (29) (e.g. with peers and prison staff) and broader systemic levels (e.g., how lack of understanding and appropriate reasonable adjustments/accommodations can leave autistic people susceptible/disadvantaged through the system itself including police, court, prison and beyond). This can be further compounded where an autistic individual either masks their autistic traits (for example as a survival strategy) or the environment serves to mask their traits.

At an individual level, the power of an autistic individual understanding themselves and their behaviours is often overlooked (28) self-understanding can be important regardless of diagnosis and has implications for how they communicate needs to others.

Three key priorities emerge from these reviews, the need for training and understanding, improved system data collection and a collaborative approach across the Criminal Justice System.

Research conducted through the Shropshire, Telford and Wrekin Forensic Team in April 2025 “Understanding our clients” confirmed that some autistic people can be particularly vulnerable to abuse and adverse childhood experiences (ACEs) earlier in life, which can have implications for subsequent risk of offending and potential perpetration of offending. There are also arguments (30) that autistic people can be susceptible to being influenced, exploited, groomed and/or manipulated by others (e.g., gangs, extremist actors etc.), which can then contribute towards offending and subsequent imprisonment

Autistic individuals report fundamentally different experiences and needs in the Criminal Justice System, these are frequently associated with challenges and difficulties in interpersonal interactions/communication, environments, and processes not being very neuroinclusive.

Whilst national research suggests that systemic change is required across the Criminal Justice System, there needs to be a shift to a consistently person-centred approach that meets the needs of autistic individuals, helping them to understand themselves and the

consequence of their behaviour/actions. It is recognised that systemic failure to diagnose and provide needs led support attribute to the vulnerabilities and risks of autistic people to be victims of crime. People who are often misunderstood within the Criminal Justice System can be more at risk of inappropriate sentences due to a lack of understanding.

Local picture

The strategy sub-group representing the Criminal Justice System has been well attended by all parts of the Criminal Justice System, West Mercia Police, Probation, Criminal Courts, Youth Justice, Autism Forensic team and Shropshire's prison, HMP Stoke Heath, a category C training and resettlement prison holding up to 782 adult men. Dr Luke Vinter, Senior Lecturer in Applied Criminology, University of Derby, has provided expert knowledge contributing to the systemic work in this sub-group.

Within the strategy sub-group, autism support has been reviewed as a "system" – a joined-up approach essential in ensuring a shared ambition to support autistic people through their Criminal Justice System journey, to provide a consistent level of understanding, provision of reasonable adjustments and recognition that many autistic individuals are vulnerable adults who are the victims of crime.

The strategy sub-group learned of pockets of positive initiatives. West Mercia Police published their autism strategy in December 2024 and identified mandatory training provisions for front line patrol officers including a proposal to include development courses and have neurodiversity champions. Dedicated Neurodiversity Support Managers (NSMs) are now in place in every public prison in England and Wales to better support offenders away from crime. The specialist staff are tasked with making sure prisoners with neurodivergent needs are identified and can access the right education and training opportunities while in prison which are crucial to reducing reoffending.

Members of the strategy sub-group include representatives from NHSE West Midlands Health and Justice team who have developed Health and Justice - Neurodiversity Training which is being rolled out 2025 - 2026. This training is provided by the National Autistic Society (commissioned by NHS England, Midlands Health and Justice Team) to bring awareness of neurodivergent conditions to everyone involved in the Health and Justice service provision and increase the understanding of neurodiversity and autism, associated specific vulnerabilities and providing supportive strategies.

The Criminal Justice System sub-group has had the benefit of lived experience representation however we have not been able to reflect the lived experiences of autistic people in prison. To support this, we have discussed and co-produced a short interview guide for use by prison staff to encourage prisoners to share their experience. The aim of the guide is to explore how they experience being in prisons, what they find helpful, what they find unhelpful, and how we can ensure prisons meet the needs of autistic people.

We have shared a Criminal Justice System survey with all contributors to the strategy sub-group including West Mercia Police, Criminal Courts, Probation, Youth Justice, and HMP Stoke Heath. The survey aimed to understand current practices, identify gaps, and explore opportunities for improvement in supporting neurodiverse individuals within the system. The results of the survey covered three main themes:

Data: the survey confirms varied and inconsistent approaches to the recording of neurodivergence data contributing to challenges in accessing accurate data on autism prevalence across the system. The information gathered suggests there is a need for standardised methods to record neurodiversity across organisations to ensure comprehensive data collection and to evidence the need for better support for autistic individuals.

Training and Resources: the survey confirms basic training is available for professionals within all organisations, whether mandatory or optional. The training does not represent a “joined up” and consistent approach across every stage of professional Criminal Justice System contact. Application and understanding of strategies of support for autistic individuals is limited. The training does not use lived experience to clearly understand the needs and experiences of autistic individuals.

Health: the survey findings confirm a person-centred approach is being used in supporting neurodivergent individuals, including signposting to support services, access to assessment, and the provision of reasonable adjustments and advocacy.

The results confirmed sub-group findings that inconsistent systems, data capture and training and education, contribute to a lack of accuracy and prevalence across the Criminal Justice System. Broader discussions around needs-led support focus on autistic people needing to understand themselves and how their autism impacts their behaviour and risks of reoffending.

Target Population

- 'Autistic' includes both diagnosed and undiagnosed status to ensure support is needs-led and person-centred
- Autistic children and young people (CYP) vulnerable to crime due to social isolation
- Autistic individuals in contact with any part of the Criminal Justice System: youth offending, courts, probation, police, prisons
- Criminal Justice System staff at all levels across all settings

Strategic Priorities

1. Training and Education

- Consistent, mandatory and contextually relevant autism training for all Criminal Justice System staff, ensuring training is specifically tailored to the context they are working in (not just generic autism training including regular refreshers). Ideally with content that has been co-produced/developed in consultation or collaboration with autistic people
- Capture the voice of lived experience across all sectors to help inform a continuous improvement programme of systemic and cultural change
- Education for people in contact with the Criminal Justice System to understand their autism, vulnerabilities and links to re-offending. An outcome of this education may be the enhancement of ability to convey needs to others

2. Systemic Adjustments

- More streamlined autism-related information sharing across the Criminal Justice System

- Consistent understanding of, access to, and implementation of reasonable adjustments
- A joined-up approach to ensure accessible Criminal Justice System documents, environments and processes are in place to support all autistic people through their Criminal Justice System journey

3. Support Structures

- Work to promote the establishment of consistent/stable points of contact such as a worker or a team assigned to an autistic person throughout their Criminal Justice System journey
- Broaden peer-to-peer support and family support and ensure these are clearly communicated and accessible (for example, Triangle of Care, PACT)
- Provide support/navigation for transitions from custody to community services

4. Data and Strategy

- Adopt a consistent approach to ensuring that the needs and diagnosis status of autistic individuals in Criminal Justice System systems are recorded. This will ensure prevalence can be accurately reported and actions taken to meet support needs
- Shared strategic ambitions across CJS members to ensure joined-up approaches, currently only West Mercia Police has an autism strategy
- To develop a shared strategy and ambition across all Criminal Justice System partners and review joint commissioning opportunities with Telford and Wrekin
- Develop gender-specific pathways and strategies to reduce disruption from staff/environment changes

5. Assessment Access

- Access to autism assessments for those in prison where diagnosis could positively impact outcomes. Establishing a minimum of contextually relevant and dynamic ND needs assessments may also support individuals and services recognising the timescales for formal diagnosis

Expected Outcomes

Immediate:

- Improved autism understanding, and confidence in working with autistic people, among CJS professionals
- Better self-understanding for autistic individuals in the CJS
- Equitable access to person-centred support and adjustments

Intermediary:

- Reduced risk of re-offending
- Reduced crisis escalation and improved mental health
- Evidence of collaboration and shared strategic goals across CJS partners
- Opportunity for joint commissioning across Shropshire, Telford and Wrekin

Long-Term (Strategic Ambition):

- Establishing a consistent understanding of autism across all CJS staff

- Reducing the number of autistic individuals in prison. Ensuring equitable access to support services. Creating a safer and more inclusive environment for autistic people within the CJS. Reducing the cycle of re-offending through needs-led support

Common Themes Across All Domains

1. Neurodiversity and Autism Inclusion

- All collaboration centred on improving outcomes for autistic and neurodivergent individuals, whether diagnosed or self-identifying
- There is a strong emphasis on **needs-led** rather than diagnosis-led support, recognising the wide diversity of presentations and experiences

2. Data Gaps and Systemic Inconsistencies

- Each domain highlights **poor data capture, inconsistent recording, and lack of joined-up systems**—whether in health interventions, support in schools including transitions, employment tracking, Criminal Justice System databases or housing forecasts

3. Training and Awareness

- A recurring need for **mandatory autism and neurodiversity training** for professionals across sectors—teachers, employers, health workers, social care staff, and Criminal Justice System personnel
- The importance of application of knowledge and systemic changes as a training outcome

4. Transition and Continuity of Support

- The transition from childhood to adulthood is a critical point of vulnerability. There is a call for **continuity of Educational Health & Care Plans (EHCPs), Preparation for Adulthood (PfA)** frameworks, and **support for young adults** entering employment, higher education, or independent living

5. Person-Centred and Preventative Approaches

- All sectors advocate for **early intervention, preventative models, and person-centred care** to reduce crisis escalation and improve long-term outcomes

6. Voice of Lived Experience

- There is a consistent emphasis on **co-production, family and carer involvement**, and capturing the **voice of autistic individuals** to shape services and strategies

Collective Strategic Goals and Objectives

A holistic and collaborative approach is needed across all key domains, with clear understanding of the impact and relationship between one domain and another, and the impact, in turn, on well-being.



Domain	Strategic Goals	Key Objectives
Health & Assessment	Comprehensive support regardless of diagnosis status	Integrated care pathways, social prescribing, reduce waiting times, embed reasonable adjustments and provide community-based support
Education	Embed positive school experience and equitable support	Mandate the work of the neurodiversity practitioners across all schools, improve EHCP accuracy, develop passports for transition, reduce home education and exclusion
Employment	Double employment rates for autistic adults by 2030	A measurable increase in employment rates for autistic adults, sharing the national goal of doubling these rates by 2030. Launch the Neurodiversity Employability Index (NDEI), drive employer engagement, consistent support recording, training on Equality Act
Housing & Social Care	Autistic people in the right accommodation at the right time	Improve data systems, develop Independent Living Skills programme, autism champions, strategic plan
Criminal Justice System	Systemic change in CJS support for autistic people	Consistent training, reasonable adjustments, peer support, data recording, female-specific pathways

Conclusion

The Shropshire Autism Strategy 2025–2030 sets out a bold and compassionate vision: to create a county where autistic people of all ages are understood, supported, and empowered to thrive. This strategy is not just a document—it is a commitment to systemic change, co-produced with those who live the experience of autism every day.

Across health, education, employment, housing, social care, and the Criminal Justice System, the strategy identifies clear priorities and actionable goals. It recognises that autism is a lifelong condition requiring lifelong support, and that meaningful progress depends on collaboration, data-informed planning, and the voices of autistic individuals and their families.

Key themes—such as needs-led person-centred support, early intervention, inclusive environments, and consistent training—run through every domain. The strategy also acknowledges the importance of transitions, especially from childhood to adulthood, and the need for continuity in support that reflects the evolving needs of autistic people.

By embedding autism awareness and neurodiversity competence and confidence into every layer of service provision, Shropshire can become a place where difference is not only accepted but celebrated. The strategy's emphasis on co-production ensures that autistic people are not passive recipients of services but active partners in shaping them.

As we move forward, the success of this strategy will depend on sustained commitment, transparent accountability, and a willingness to listen and adapt. The journey ahead is one of transformation—towards a more inclusive, equitable, and autism-friendly Shropshire achieved through stronger communities/neighbourhoods and strong multi-agency partnerships.

Together, we can ensure that no one is left behind.

Glossary

Autism-Related Terms & Acronyms Summary

Acronym	Full Term	Description
ASD	Autism Spectrum Disorder	A neurodevelopmental condition affecting communication, behaviour, and social interaction.
ADHD	Attention Deficit Hyperactivity Disorder	Commonly co-occurs with autism; affects attention and impulse control.
ARFID	Avoidant Restrictive Food Intake Disorder	Eating disorder often seen in autistic individuals.
ASC	Autism Spectrum Condition	Alternative to ASD, emphasising difference over disorder.
CAMHS	Child and Adolescent Mental Health Services	NHS service for young people with mental health needs.
CMHT	Community Mental Health Team	Adult mental health support team.
DSP	Designated Specialist Provision	Specialist educational setting for children with SEND.
EHA	Early Help Assessment	Support tool for families needing early intervention.
EHCP	Education, Health and Care Plan	Legal document outlining support for children with SEND.
IASS	Information, Advice and Support Service	Local authority service offering SEND support.
MCA	Mental Capacity Assessment	Determines ability to make decisions.
NAS	National Autistic Society	UK charity supporting autistic people and families.
Neurodivergent	—	Describes individuals with neurological differences including autism.
PBS	Positive Behaviour Support	Proactive approach to managing challenging behaviour.

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