



BRIEFING PAPER

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Autism – overview of UK policy and services

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Inside:

1. What is autism?
2. Government policies on autism in England
3. Health and care services
4. Education policy
5. Employment policies
6. Welfare and benefits
7. The criminal justice system
8. Scotland, Wales and Northern Ireland



Contents

Summary	3
1. What is autism?	4
2. Government policies on autism in England	5
2.1 Autism Act 2009	5
2.2 Adult autism strategy for England	5
2.3 Statutory Guidance 2010	6
2.4 Think Autism strategy 2014	6
2.5 Statutory guidance 2015	7
2.6 'No voice unheard, no right ignored' consultation	8
2.7 2019 review of the National Autism Strategy, <i>Think Autism</i>	10
2.8 The NHS Long Term Plan 2019	11
3. Health and care services	13
3.1 Diagnosis	13
3.2 Co-existing mental health problems and learning disabilities	15
3.3 Training for health and care professionals	18
3.4 NICE guidance	20
3.5 Social care services	21
Adult social services	21
Children's social services	23
4. Education policy	25
4.1 Types of support	25
4.2 SEN support system	25
4.3 Teachers	27
4.4 National Autistic Society and APPGA report	28
Exclusions policy and Timpson review	29
5. Employment policies	30
5.1 Recent developments	30
5.2 Think Autism	31
Statutory guidance 2015	32
5.3 1 million more disabled people in employment by 2027	33
6. Welfare and benefits	34
6.1 Welfare changes	34
Employment and Support Allowance	34
The Improving Lives Green and White papers	36
Personal Independence Payment	37
Universal Credit	43
7. The criminal justice system	45
8. Scotland, Wales and Northern Ireland	48
8.1 Scotland	48
8.2 Wales	49
8.3 Northern Ireland	52

Summary

This briefing provides an overview of policies and services for people with autism in England.

It is estimated that more than half a million people in England have autism, which is equivalent to more than 1% of the population. There is, however, no national register or exact count kept of the number of people with the condition.

2019 marks ten years since the *Autism Act 2009* was passed. It placed a legal duty on the Government to publish a document for meeting the needs of adults in England with autistic spectrum conditions by improving the provision of relevant services to such adults by local authorities, NHS bodies and NHS foundation trusts. In 2010, the Government produced the first autism strategy for England, *Fulfilling and rewarding lives*. The associated statutory guidance for local authorities and the NHS supported the strategy's implementation and included duties and recommendations on areas including: staff training; identification and diagnosis of autism; and local service provision. The strategy was updated in 2014 – *Think Autism* built on the 2010 strategy and set a renewed focus on three key areas: building communities that are aware of autism; promoting innovation in service provision; and providing integrated care.

Think Autism and the revised statutory guidance contain duties and recommendations for service providers and Government departments across areas including employment, welfare, criminal justice, transport and education services. A progress report on the implementation of *Think Autism* was published in January 2016.

Legislation has provided for new duties for services for people with autism, including the *Care Act 2014* which provides that all staff who undertake autism assessments must have appropriate training, and the *Children and Families Act 2014* which provides for a special education needs and disability support system, covering education, health and social care.

In December 2018, the Department announced that it would be launching a comprehensive review of *Think Autism* to ensure that it remains fit for purpose. It further announced that it was working with the Department of Education to extend the strategy to include children. The intention is that the review will inform a new joint adults and children autism strategy to be published in autumn 2019.

Further commitments to improve services for people with autism were included in the 2019 NHS Long Term Plan including: the introduction of a 'digital flag' in the patient record by 2023/24, to ensure staff know a patient has autism; providing information and training to NHS staff to support those with autism; ensuring reasonable adjustments are made so that wider NHS services can support people with learning disabilities or autism; and piloting the introduction of a specific health check for people with autism, and if successful, extending it more widely.

This note focuses on policies in England. Health is a devolved matter so each of the devolved administrations are responsible for setting their own policies in this area. However, the note briefly outlines strategies implemented by the Governments in Scotland, Wales and Northern Ireland in section 8. The House of Commons debated [Services for People with Autism](#) on 21 March 2019.

1. What is autism?

Autism is a lifelong developmental disability that affects how people communicate and interact with others. It is a spectrum condition, meaning it affects people in different ways.

As described by the National Institute for Health and Care Excellence (NICE), people with autism may experience differences and impairments in reciprocal social interaction and social communication, combined with restricted interests and rigid and repetitive behaviours. They may also experience “a range of cognitive, learning, language, medical, emotional and behavioural problems”, which can include “a need for routine and difficulty understanding other people, including their intentions, feelings and perspectives”.¹

In 2014 it was estimated that more than half a million people in England had autism, which was equivalent to more than 1% of the population.²

There has been a 25-fold increase in the diagnosis of autism in the last 30 years. However, the diagnosed prevalence remains lower than population-level estimates, as only about two-thirds of children and 1 in 10 adults with autism have a diagnosis. Around 4 times more men than women have diagnosed autism, although this may be due in part to under-recognition of autism in women.³

People with autism may have other learning difficulties and mental health problems. It is estimated that 50% of people with autism have a learning difficulty and 70% also meet diagnostic criteria for at least 1 other (often unrecognised) mental and behavioural disorder. It is believed that 40% have at least two disorders. Anxiety, attention deficit hyperactivity disorder and oppositional defiant disorder are common.⁴

Further information can be found on the National Autistic Society’s page on [About autism](#). In recognition of World Autism Awareness Week (1-7 April 2019), a Parliamentary debate on [Services for people with autism](#) was tabled by Dame Cheryl Gilliam MP and led by Huw Merriman MP. The full report of the debate is available on the [Parliament website](#).⁵ During the debate, it was announced that the All-Party Parliamentary Group on Autism (APPGA) would be carrying out a further inquiry, having published a report in 2017, which will look at health and mental health; children, education and transition; employment; access to justice; adult support; and public understanding.

¹ [NICE quality standard \[QS51\], Autism](#), January 2014

² Department of Health, [Think Autism – Fulfilling and Rewarding Lives. the strategy for adults with autism in England: an update](#), April 2014, page 4

³ NICE, [NICE support for commissioning for autism](#), January 2014

⁴ NICE, [NICE support for commissioning for autism](#), January 2014

⁵ [HC Deb 21 March 2019 c1273](#)

2. Government policies on autism in England

The Equality Act 2010, which applies, with some exceptions, in England, Scotland and Wales, provides protection from discrimination in the workplace and in wider society to people with a protected characteristic. The list of protected characteristics includes disability – in this context a person will be disabled if they have “a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities.” Some people with autism may be covered by this definition and therefore benefit from the Act’s provisions.

Different provisions apply in Northern Ireland.

2.1 Autism Act 2009

The [Autism Act 2009](#) placed statutory requirements on the Government to publish an adult autism strategy by April 2010, and associated statutory guidance for local authorities and local health bodies on supporting the needs of adults with autism by 31 December 2010.

Clause 2(5) of the *Autism Act* stated that the guidance must cover, amongst other areas: the provision of relevant services for diagnosing autism; identification of the numbers of adults with autism at a local level; and training for staff who provide relevant services to adults with autism.

The *Autism Act 2009* was a Private Member’s Bill introduced by Cheryl Gillan with backing from the National Autistic Society and other autism charities. It was the first disability-specific piece of legislation.

2.2 Adult autism strategy for England

As required under the *Autism Act 2009*, the Department of Health published the first autism strategy for England in March 2010 - [Fulfilling and rewarding lives: the strategy for adults with autism in England](#).⁶

The strategy focused on five core areas of activity:

- increasing awareness and understanding of autism among frontline professionals;
- developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment;
- improving access for adults with autism to the services and support they need to live independently within the community;
- helping adults with autism into work; and

⁶ Now archived.

- enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities.⁷

A first-year delivery plan was published on 2 April 2010: [Towards fulfilling and rewarding lives: the first-year delivery plan](#).⁸ This set out the governance structure and the actions, with timescales and responsibilities, to be taken in the first year to support the implementation of the adult autism strategy.

The Government committed to reviewing the strategy after three years.

2.3 Statutory Guidance 2010

Following the General Election 2010, the Coalition Government confirmed that it would fulfil the commitment in the *Autism Act* to consult on and publish statutory guidance for local authorities and NHS organisations to support the strategy's implementation.

In December 2010, the Department of Health published [Implementing Fulfilling and rewarding lives: Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy](#). This provided guidance to local authorities, NHS bodies and NHS Trusts on the following key areas:

- training for staff who provide services to adults with autism; identification and diagnosis of autism in adults, leading to assessment of needs for relevant services;
- planning in relation to the provision of services to people with autism as they move from being children to adults; and
- local planning and leadership in relation to the provision of services for adults with autism.

2.4 Think Autism strategy 2014

In April 2014, the Department of Health published an update to the 2010 autism strategy: [Think Autism - fulfilling and rewarding lives, the strategy for adults with autism in England: an update](#). It built-on, rather than replaced, the 2010 strategy.

Think Autism set out fifteen priority challenges for action from the perspective of people with autism and carers. The strategy focused on the following areas:

- building communities that are more aware of and accessible to the needs of people with autism, which have autism champions for change;
- promoting innovative local ideas, services or projects which can help people in their communities through new models of care; and
- focusing on how advice and information on services can be joined up better for people.

⁷ Department of Health, '[Fulfilling and rewarding lives': the strategy for adults with autism in England](#)', 3 March 2010, para 1.8 (now archived)

⁸ Now archived.

7 Autism – overview of UK policy and services

The Coalition Government announced national investment in 2014/15 of £4.5million to deliver the objectives set out in the strategy.

As part of this, the Government launched an Autism Innovation Fund to develop creative and cost-effective solutions and find new models of good practice. Local authorities, NHS organisations, third sector organisations and commercial organisations could bid for:

- £1 million of revenue funding for autism innovation project bids.
- £200,000 representing 6 months revenue funding for national co-ordination of autism awareness and the champions network. This funding was for third Sector/voluntary groups only.⁹

Examples of successful Autism Innovation Fund projects are provided in the [Think Autism progress report](#) (January 2016).

The 2014 strategy also contained a commitment to improve the data available on autism. The Department of Health committed to work with Public Health England to establish a data and information working group, including the Department for Work and Pensions, the Department for Education and others to report to the National Autism Programme Board to compile a list of data sources for local authorities on people with autism.

In January 2016, the Department of Health produced a progress report on *Think Autism: Progress Report on Think Autism: the updated strategy for adults with autism in England*. The report summarised progress since the 2014 strategy and set a number of new actions, focusing on education, employment, the criminal justice system and better data reporting.

Implementation of the Autism strategy was overseen by the [Adult Autism Programme Board](#) until 2017. Following a '[governance refresh of the strategy](#)', arrangements for overseeing its implementation transferred in 2018 to a new Executive Group, chaired by a Department of Health and Social Care Minister.¹⁰ The refresh document states:

The aims and the objectives of the Think Autism Strategy stand but the revised governance model is expected to help drive progress this year before a formal review of the Strategy in 2019.¹¹

2.5 Statutory guidance 2015

In March 2015, the Government produced updated [statutory guidance](#) for local authorities and NHS organisations to support the implementation of *Think Autism*. The guidance covers the following areas:

- training for staff who provide services to adults with autism;

⁹ Department of Health, [The Autism Innovation Fund, national co-ordination of awareness and the champions network 2014/15](#).

¹⁰ Department of Health and Social Care, [Think Autism strategy governance refresh](#), March 2018

¹¹ *ibid*, p 4

- identification and diagnosis of autism in adults, leading to assessment of needs for relevant services;
- planning in relation to the provision of services for people with autism as they move from being children to adults;
- local planning and leadership in relation to the provision of services for adults with autism;
- preventative support and safeguarding in line with the *Care Act 2014* from April 2015;
- reasonable adjustments and equality;
- supporting people with complex needs, whose behaviour may challenge or who may lack capacity;
- employment for adults with autism; and
- working with the criminal justice system.

The guidance was revised to take account of responses to [a related consultation](#). It also took account of progress made since the 2010 guidance, and legislation including the *Health and Social Care Act 2012*, the *Care Act 2014* and the *Children and Families Act 2014* which had introduced new duties for people with autism.

2.6 ‘No voice unheard, no right ignored’ consultation

In March 2015, the Government published the consultation paper - [‘No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions.’](#)

The consultation examined how people’s rights and choices could be strengthened. The then Minister for Care Services, Norman Lamb, said the Government wanted to see four key things:

- people in charge, supported by family and friends – not as passive patients or “prisoners” of a system, as they so often feel they are;
- inclusion and independence in the community – people should not routinely be sent away from their homes and communities or to institutions which restrict access to their community or to inappropriate care;
- the right care in the right place –there should be real person- centred planning with the individual themselves at the heart; and
- very clear accountability and responsibility throughout the system – there can be no excuses for a lack of clarity over responsibility or for people falling through the gaps between services.¹²

The consultation also looked at issues raised during the 2014 consultation on the *Mental Health Act Code of Practice* regarding the *Mental Health Act* primary legislation.

¹² [HCWS355 \[on No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions\], 6 March 2015](#)

9 Autism – overview of UK policy and services

The scope of the [consultation](#) primarily related to:

- assessment and treatment in mental health hospitals for people (all ages) with learning disability or autism;
- adult care and support, primarily for those with a learning disability but also for adults with autism (and the links to support for children and young people); and
- all those to whom the Mental Health Act currently applies (including children and young people).¹³

The Government provided its response to the consultation in November 2015: [Government response to No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions](#). The Government set a series of proposals grouped into three implementation phases:

- early actions that seek to sustain momentum generated, chiefly through the use of existing powers and building on work currently underway;
- further changes, including proposed legislative changes that could not be achieved via existing powers (and which related principally to the Mental Health Act 1983); and
- a third phase, which explored more radical solutions to longer-term issues, as well as ongoing monitoring and review, and a commitment that the Government will intervene further, including through legislation if necessary, if the improvements sought continue not to be realised in practice.¹⁴

Detailed information on each of the above proposals is available in the [Government's response](#).

The Minister for Community and Social Care also outlined further areas of work to improve care for people with learning disabilities, autism and mental health problems:

The proposals in this document go hand in hand with the substantial programmes of work being put in place under the Transforming Care Programme, including the recently announced “Building the Right Support” national transformation plan. This was published on 30th October by NHS England, the Local Government Association and the Association of Directors of Adult Social Services to reduce reliance on inpatient capacity and increase community-based provision. A national NHS England fund of £45 million will be available to Transforming Care Partnerships over the next three years to aid the transition, focussing on ensuring that the right support is available in local areas to enable the first discharges. Central to the progress set out by the plan over the next three years will be new, high-quality, community-based services. The plan predicts that, as these services are put in place, there will be a reduction of up to 50% in

¹³ ibid

¹⁴ Department of Health, [Government response to No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions](#), November 2015 para 6

the number of inpatient beds, meaning that some units will close altogether.¹⁵

2.7 2019 review of the National Autism Strategy, *Think Autism*

In December 2018, the Government launched [a review of services](#) and support for autistic people covering autistic children as well as adults for the first time. The intention is that the review will inform a **new joint adults and children autism strategy** to be published towards the end of 2019.¹⁶ As part of the review, the Government will collect evidence from autistic children and adults, families, carers and professionals on how to improve services and support.¹⁷

The [National Autistic Society](#), which has campaigned for a national strategy to meet the needs of children on the autism spectrum, welcomed the review. Jane Harris, Director of External Affairs at NAS said:

This is fantastic news and has the potential to improve the lives of the 125,000 autistic children in England – and future generations. We hear every day from parents of autistic children that they are waiting for years to get a diagnosis, a decent education or basic support for their children. This can have a devastating and lifelong impact, often affecting the whole family's mental health or children's long-term chances in life.

[...]

It is absolutely right that the Government's upcoming autism strategy will cover autistic people of all ages as everyone deserves better support and understanding. This is an opportunity to drive forward improvements in education, health, care and public understanding - and make sure that no autistic child or adult is held back from reaching their potential. The strategy must put in place the right health, care and education services, reduce social isolation and open up opportunities for autistic people of all ages.¹⁸

On 14 March 2019, the Departments for Education and of Health and Social Care launched a [public consultation](#) to inform the review of the national autism strategy. The call for evidence states:

This year the Department of Health and Social Care, working with the Department for Education, will review the strategy and will extend it to cover children as well as adults. To help us to do this we want to hear first-hand from autistic people (adults, children and young people), their families and their carers about their experiences.

We are using the term 'autism' to refer to all categories of diagnoses on the autistic spectrum and welcome responses from people who identify with them, whether or not they have a medical diagnosis.

¹⁵ [Written Statement HCWS302 \[on Government response to 'No voice unheard, no right ignored' consultation\]. 10 November 2015](#)

¹⁶ [HC Deb 21 March 2019 c1303](#)

¹⁷ Department of Health and Social Care news story, [Government review to improve the lives of autistic children](#), 5 December 2018

¹⁸ NAS, [Big news: national autism strategy to be extended to children](#),

We also want to hear from professionals who provide care and support in a range of settings (for example across health, social care, education and the voluntary sector) to autistic people, their families, and carers. We have therefore developed 2 surveys:

- a survey for any autistic person in England who has a diagnosis of autism or self identifies as autistic
- a survey for families of autistic people, unpaid and paid carers in England, and any organisation in England that works with autistic people¹⁹

The consultation is open until 16 May 2019.

2.8 The NHS Long Term Plan 2019

The 2019 [NHS Long Term Plan](#) contains a commitment from NHS England to do more across the NHS “to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives”²⁰ Specific areas of action for autism include:

Tackling the causes of morbidity and preventable deaths in people by:

- Piloting the introduction of a specific health check for people with autism, and if successful, extending it more widely.
- Expanding stopping overmedication of people with a learning disability, autism or both, and Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP) programmes to stop the overmedication of those groups.

Improving understanding in the NHS of the needs of people with learning disabilities and autism, and working together to improve their health and wellbeing by:

- Training NHS staff to support people with a learning disability and/or autism.
- Ensuring reasonable adjustments are made so that wider NHS services can support people with learning disabilities and their families.
- Implementing national learning disability improvement standards over the next five years which will apply to all services funded by the NHS. These standards will promote greater consistency, addressing themes such as rights, the workforce, specialist care and working more effectively with people and their families.
- Introducing a ‘digital flag’ by 2023/24 in the patient record to ensure staff know a patient has a learning disability or autism.
- Working with the Department for Education and local authorities to improve their awareness of, and support for, children and young people with learning disabilities.

¹⁹ Department for Education and Department of Health and Social Care, [Review of the National Autism Strategy ‘Think Autism’: call for evidence](#), 14 March 2019

²⁰ NHS England, [The NHS Long Term Plan](#), January 2019, p41

- Working with partners to bring hearing, sight and dental checks to children and young people with a learning disability, autism or both in special residential schools.

Working to reduce waiting times for specialist services by:

- Including autism diagnosis alongside work with children and young people's mental health services.
- Developing joint packages with children's social care and education services to support children with autism or other neurodevelopmental disorders including attention deficit hyperactivity disorder (ADHD) and their families, throughout the diagnostic process.
- Ensuring that by 2023/4 children and young people with a learning disability, autism or both with the most complex needs have a designated keyworker to support them.

Moving more care to the community and supporting local systems to take greater control over how budgets are managed by:

- Giving local providers control of budgets to reduce avoidable admissions, enabling shorter lengths of stay and ending out of area placements.
- Enabling, where possible, people with a learning disability, autism or both to have a personal health budget (PHB).
- Reducing the levels of adults, children and young persons with a learning disability and/or autism that are cared for in an inpatient unit.

Increasing investment in intensive, crisis and forensic community support:

- By enabling more people to receive personalised care in the community, closer to home, and reducing preventable admissions to inpatient services.
- Through community health services investment to have a seven-day specialist multidisciplinary service and crisis care.
- Working with partners to develop specialist community teams for children and young people, such as the [Ealing Model](#).²¹

²¹ Ibid, pp52-53

3. Health and care services

3.1 Diagnosis

The Department of Health has said that many people with autism are likely to be undiagnosed or misdiagnosed.²² Research by the National Autistic Society in 2012 found that 34% of people reported that they had waited three years or more for a diagnosis after first raising concerns, with a further 30% saying that it had taken between one and two years.²³

A key action from the *Think Autism* strategy was that NHS England would help improve autism diagnostic services. The strategy set this as one of its 15 priority challenges for action:

I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.²⁴

The National Institute for Health and Care Excellence's (NICE) *Quality Standard on autism* recommends that people should have a diagnostic assessment for autism within three months of referral:

Quality statement

People with possible autism who are referred to an autism team for a diagnostic assessment have the diagnostic assessment started within 3 months of their referral.

Rationale

There are several different routes by which someone with possible autism can be referred to an autism team for a diagnostic assessment. It is important that the assessment is conducted as soon as possible so that appropriate health and social care interventions, advice and support can be offered.²⁵

Think Autism states that each local area is expected to have a clear pathway to diagnosis and each Clinical Commissioning Group (CCG) should designate a health lead responsible for developing, maintaining and promoting a diagnostic and treatment pathway.²⁶ Local authorities, NHS bodies and Foundation Trusts are asked to undergo a self-assessment evaluation of their diagnosis pathway:

In every local area, the NHS is expected to have a pathway to diagnosis, just as the local authority should have a clear framework for assessing the care and support needs of adults with autism. We will continue to ask local authorities, NHS bodies

²² Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p34

²³ The National Autistic Society, [The way we are: autism in 2012](#), p8

²⁴ Department of Health, [Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update](#), April 2014, p7

²⁵ NICE, [NICE quality standard \[QS51\]. Quality statement 1: Diagnostic assessment by an autism team](#), January 2014

²⁶ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p16

and Foundation Trusts to assess their progress on developing and maintaining a pathway to diagnosis through the autism local area self-evaluation exercise.²⁷

The statutory guidance states that the NICE guidance and NICE Quality Standard on autism represent best practice when developing diagnostic services.²⁸

Public Health England also carries out an annual self-assessment exercise with local authority areas on progress they are making in implementing the Autism Strategy for Adults in England. Local authorities work with their local partners, including CCGs, to informally answer a range of questions.²⁹ On diagnosis, the following results were reported for 2016:

Seventy nine (52%) local authorities gave themselves the highest (green) rating for their establishment of a local diagnostic pathway. One hundred and two (67%) reported having a specialist autism specific service. Sixty nine (45%) reported diagnosis triggering an automatic offer of a Community Care Assessment (CCA). Only 33 (22%) local authorities reported meeting the National Institute for Health and Care Excellence (NICE) recommended waiting times.³⁰

The next self-assessment process was due to be completed late in 2018³¹ but is yet to be published.

No formal statistics are collected of autism referrals, assessments or diagnoses. However, data on waiting times between referral for suspected autism to a first appointment and subsequent diagnosis started to be collected in April 2018, with a first formal report on the data due in 2019.³²

The autism statutory guidance states that NHS England local audit teams will assess the quality of autism diagnostic pathways and people's experiences of using them. Further information was given in a 2016 debate:

Diagnosis is of course a process which should be driven locally by clinical commissioning groups, working in partnership with their local authorities, to develop the right pathways to assessment and packages of care which result from a diagnosis. The noble Lord, Lord Hunt, and my noble friend Lady Browning talked about meeting targets and holding CCGs to account. The Department of Health and NHS England, along with the Association of Directors of Social Services, are visiting CCGs and local authorities. These visits aim to develop a better oversight of the challenges in securing timely diagnosis across all ages. They will consider data

²⁷ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p15 [The results from the 2013 self-assessment exercise, overseen by Public Health England, which reported across all 152 local authority areas in England, is available at www.ihal.org.uk/projects/autism2013.]

²⁸ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p16

²⁹ [PO HL6524 \[on Autism\]. 14 March 2016](#)

³⁰ Public Health England, [Autism Self-Assessment Exercise 2016: Detailed report and thematic analyses](#), June 2017, p8

³¹ Local Government Association, [Autism Strategy Update](#), 9 May 2018

³² [PQ 129768 \[on Autism: Diagnosis\], 1 March 2018](#)

on waits, which are so essential, and the design of pathways [...]. They will also consider many of the critical issues raised so that they can make an effective assessment of how information is made available to the public, the links to mental health services and social care services, how initial referrals are triaged, and who provides leadership locally for autism support. NHS England will complete its work in April and then report to the cross-government autism programme board.³³

In January 2015, the Royal College of General Practitioners also launched a training programme for its members to improve the diagnosis of autism and support.³⁴

Issues with the diagnosis of autism attracted comment during the debate on 21 March 2019. Ann-Marie Trevelyan called for the establishment of regional centres of excellence for diagnosis.³⁵ The Minister for Care, Caroline Dinenage, did not respond to that point but said:

No one should have to face a long wait for an autism diagnosis, but we hear far too often that the NICE recommendation of a wait of no more than three months is exceeded. There is a geographical disparity, and this postcode lottery must end. The NHS long-term plan commits to testing and implementing the most effective ways to reduce those waiting times. Critically, we are collecting data to support that, which will be published later this year for the first time. This will mean that each area can be held to account and action can be taken.³⁶

She went on to comment on post-diagnosis support:

This summer there will be new and improved guidance for health and care commissioners and a best practice toolkit, to improve diagnosis and post-diagnosis services for autistic people. Health Education England is also developing an autism core skills and competency framework for health and care staff and staff in organisations with public-facing responsibilities.³⁷

3.2 Co-existing mental health problems and learning disabilities

Mental health problems can be more common amongst people with autism. For example, research in 2014 found that about 40% of people with autism had symptoms of at least one anxiety disorder at any time, compared with up to 15% in the general population.³⁸

It is also estimated that about half of people with autism also have a learning disability.³⁹

³³ [HL Deb 22 March 2016 cGC350](#)

³⁴ [HC Deb 5 January 2015 c130](#)

³⁵ [HC Deb 21 March 2019 c1289](#)

³⁶ [HC Deb 21 March 2019 c1304](#)

³⁷ [HC Deb 21 March 2019 c1304](#)

³⁸ National Autistic Society, [Mental health and autism](#) – based on an article that first appeared in the Mental Health supplement of Your Autism Magazine, Vol 8(4), Winter 2014.

³⁹ Department of Health, [Think Autism – Fulfilling and Rewarding Lives. the strategy for adults with autism in England: an update](#), April 2014, p36

Think Autism set as one of its priority challenges for people with autism to have support adapted to their needs if they have a co-existing mental health problem, learning disability or display challenging behaviour:

I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.⁴⁰

The NICE *Quality Standard* on autism states that people who undergo an assessment for autism should also be assessed for co-existing physical and mental health problems:

Quality Standard

People having a diagnostic assessment for autism are also assessed for coexisting physical health conditions and mental health problems.

Rationale

People with autism may have coexisting physical health conditions and/or mental health problems that, if unrecognised and untreated, will further impair the person's psychosocial functioning and could place additional pressure on families and carers. Because of their social communication difficulties, some people with autism may find it particularly difficult to communicate their needs and to access mainstream health and social care services.⁴¹

The 2015 statutory guidance states that many people with autism have difficulty in accessing mental health services and refers to the National Development Team for Inclusion's practical materials designed to help improve mental health services for adults with autism and learning disabilities.⁴²

Reducing inpatient care

Think Autism states that a priority is to reduce inpatient admission for people with co-existing mental health problems or a learning disability:

Most importantly is the aim for there to be a substantial reduction on reliance on inpatient care for this group of people. This requires personalised care planning, the provision of alternative community based settings and crisis intervention and support. NHS England is taking a lead on delivering this with health commissioners, working in partnership with local government and the LGA to secure transfers into the community.⁴³

The Government and NHS England committed to an overhaul of inpatient and community services for people with autism and learning

⁴⁰ Department of Health, [Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update](#), April 2014, p7

⁴¹ NICE, [NICE quality standard \[QS51\], Quality Statement 2, Assessment and diagnosis](#), January 2014

⁴² Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p43

⁴³ Department of Health, [Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update](#), April 2014, p36

disabilities following the abuse uncovered at Winterbourne View Hospital. A third of people within Winterbourne View had autism.⁴⁴

The Department of Health's review [Transforming care: A National response to Winterbourne View Hospital](#) found that many people were being kept in hospital when they were clinically ready to be discharged back into community care:

The review has highlighted a widespread failure to design, commission and provide services which give people the support they need close to home, and which are in line with well-established best practice.

People with learning disabilities or autism may sometimes need hospital care but hospitals are not where people should live. Too many people with learning disabilities or autism are doing just that.⁴⁵

The report set out significant milestones to be achieved by June 2014. This included a commitment that all current in-patient placements would be reviewed by 1 June 2013, and everyone inappropriately in hospital would move to community-based support as quickly as possible, no later than 1 June 2014.⁴⁶

The 2015 planning document, [Building the Right Support](#), set out an additional target of a 35-50% overall reduction in inpatient provision by 2019.⁴⁷ As of December 2016, Local Transforming Care Partnerships had overseen an 11% reduction of inpatient provision.⁴⁸

In March 2015, the then Minister for Care Services, Norman Lamb, stated that NHS England had ensured that more than 1,300 care and treatment reviews of adults and children with a learning disability or autism in inpatient settings had been carried out.⁴⁹

Further commitments to reduce inpatient care are included in the [NHS Long Term Plan](#) which states that by March 2023/24, for every one million adults, there will be no more than 30 people with a learning disability and/or autism in an inpatient unit. For children, the stated target is no more than 12 to 15 children with a learning disability and/or autism per million to be cared for in an inpatient facility.⁵⁰

In response to a [Written Parliamentary Question](#), Baroness Blackwood, for the Department of Health and Social Care, explained how the NHS

⁴⁴ Department of Health, [Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update](#), April 2014, p36

⁴⁵ Department of Health, [Transforming care: A national response to Winterbourne View Hospital](#), p8

⁴⁶ Department of Health, [Transforming care: A national response to Winterbourne View Hospital](#), p9

⁴⁷ NHS England, LGA & ADASS, [Building the right support: A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition](#), October 2015, p6

⁴⁸ [PO HL5730 \[on Learning Disability\]. 15 March 2017](#)

⁴⁹ Department of Health, [No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions](#), March 2015, p3

⁵⁰ NHS England, [The NHS Long Term Plan](#), January 2019, p53

Long Term Plan will continue to work towards the aims set out in Building the Right Support:

Supporting people on the autism spectrum or with learning disabilities is one of the four clinical priority areas in the NHS Long Term Plan published on 7 January 2019. This commits to implementing the Building the right support plan in full, achieving at least a 50% reduction in the number of people with a learning disability or autism who are inpatients, compared to the figure in 2015, by the end of 2023/24. The National Health Service national planning guidance requires a 35% reduction in inpatients as quickly as possible and no later than the end of 2019/20. The Long Term Plan also commits to ensuring that every local economy has specialist community provision. Every local health system will be expected to use some of its growing community health services investment to have a seven-day specialist multidisciplinary service and crisis care to prevent people with learning disability and autistic people, from needing hospital inpatient care.

One of the principles of the service model of Building the right support is that people with a learning disability and autistic people should be supported to live in the community with support from and for their families or carers as well as paid support and care staff – with training made available for families or carers, support and respite for families/carers.

Care and Treatment Reviews (CTRS): Policy and Guidance sets how the family should be involved through the process of review to ensure that the care and treatment and differing support needs of the person and their families are met. A copy of [Care and Treatment Reviews \(CTRS\): Policy and Guidance](#) is attached.⁵¹

Further information on the commitment to move people from inpatient settings to living in the community can be found in the Library briefing on [Learning Disability - policies and issues](#).

3.3 Training for health and care professionals

The *Think Autism* strategy⁵² highlighted the importance of staff training on autism across all public services and made recommendations for improved training for health and care, welfare, employment, education, criminal justice and transport staff. In respect of health and care services, the strategy emphasised the importance of staff understanding autism and being able to communicate effectively:

When professionals do understand autism, the positive impact on the lives of adults with autism can be immense. Health and social care professionals must be able to communicate effectively with people with autism if they are to be able to manage their own care and exercise genuine choice and control. The 2010 statutory guidance for local authorities and the NHS made it clear that basic autism training should be available to all staff working in health

⁵¹ [PO HL13887 \[Autism: Psychiatric Hospitals\], 5 March 2019](#). See also [PO HC201646 \[Autism: Psychiatric Hospitals\], 19 December 2018](#)

⁵² Department of Health, [Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update](#), April 2014, p27

and social care. This remains a key requirement of this updated statutory guidance.⁵³

Since 2015, there has been a statutory duty on local authorities to ensure that staff undertaking an assessment of an adult's care and support needs are appropriately trained. Local authorities are also required to consult a person who has expertise in relation to the condition being assessed where it considers the needs of that individual require it to do so.⁵⁴ The updated 2015 Autism strategy statutory guidance requires local authorities and the NHS to ensure that autism awareness training is included within general equality and diversity training programmes for all staff working in health and care.⁵⁵

As part of the Government's 2014/15 Mandate to Health Education England, it was required to work with the Royal Colleges and other stakeholders to focus on supporting autism awareness training.⁵⁶ An Autism Core Competency Education and Training Framework, which will set out the different levels of skills and competencies needed to meet the specific needs of autistic people is expected to be completed by summer 2019.⁵⁷ The Government expects the Framework to be used by local NHS and social care organisations to inform the content and appropriate levels of training needed by their staff in autism awareness.⁵⁸

The Department of Health supports the Royal College of General Practitioners (RCGPs) Autism Initiative to improve understanding of autism amongst GPs. The Department has previously stated that was considering the inclusion of autism in a proposed additional year of GP training. Following this, HEE's 2017 draft workforce strategy to 2027 proposed further evaluation of the case for an additional GP training year. Ensuring GPs, as the gatekeepers to diagnostic services, are adequately trained specifically in autism was also a recommendation made in the updated 2015 autism statutory guidance.⁵⁹

In 2015, the Department of Health provided funding to several organisations, including the Royal College of Nursing, the Royal College of General Practitioners and the National Autistic Society, to upgrade their autism e-learning training tools and materials. The Department also funded the development of two e-learning tools to help people

⁵³ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p11

⁵⁴ [Care and Support \(Assessment\) Regulations 2014](#) SI 2014/2827 f

⁵⁵ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p12

⁵⁶ See: Department of Health, [Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update](#), April 2014, p28

⁵⁷ PQ [HL13886 \[Autism\] 19 February 2019](#)

⁵⁸ *ibid*

⁵⁹ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p17

working with autistic children, young people and young adults to provide better services.⁶⁰

The Department of Health also commissioned the College of Social Work to produce a Continuing Professional Development curriculum guide on autism, which would be linked to the Professional Capability Framework and a set of learning materials for social workers.⁶¹

During the debate on 21 March 2019, the Minister commented on staff training initiatives:

As many Members have said, raising awareness is not enough. It is acting on that awareness that makes a real difference. We recently launched a consultation on mandatory training on learning disability and autism for health and care staff and will report the findings in the summer. Crucially, that applies to not only medical professionals but all health and care staff. For example, we all know that a negative encounter with a receptionist or front of house staff can immeasurably change our experience or perception of services. Work is under way in other sectors such as education, employment, prisons and transport to raise awareness of autism and adjust services to make them more accessible.⁶²

The consultation exercise referred to was launched on 13 February 2019; submissions can be submitted up to 12 April: [Learning disability and autism training for health and care staff: consultation document](#)

A list of autism training links for professionals is included as an appendix to *Think Autism*.

3.4 NICE guidance

The National Institute for Health and Clinical Excellence (NICE) has published clinical guidelines on autism:

- [Autism spectrum disorder in under 19s: recognition, referral and diagnosis;](#)
- [Autism spectrum disorder in under 19s: support and management;](#)
- [Autism spectrum disorder in adults: diagnosis and management.](#)

The NICE guidance states that local services (including health, mental health, learning disability, education and social care services) for children and young people with autism, should be coordinated by a local autism multi-agency strategy group, and that the coordination of care should be provided through local specialist community-based multidisciplinary teams ('local autism teams') which should include professionals from health, mental health, learning disability, education and social care services. A 2014 self-assessment exercise to map progress locally and

⁶⁰ [HL Deb 22 March 2016 cGC351](#)

⁶¹ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p14

⁶² [HC Deb 21 March 2019 c1303](#)

nationally with delivery of the adult autism strategy showed that structures were in place in many areas, including the creation of diagnostic leads.⁶³ The 2016 self-assessment exercise reported 93% of local authority areas had a designated strategic lead for adults with autism.⁶⁴

NICE has also published a [Quality Standard \(QS51, January 2014\)](#) to help inform the commissioning of autism services for children, young people and adults, focusing on the key areas for improving the quality of existing services.

NICE guidelines describe best practice to help reduce variations in service provision for people with autism, but they are not mandatory. However, the *Health and Social Care Act 2012* sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

3.5 Social care services

Adult social services

The *Care Act 2014* brought in new duties for local authorities with regards to care and support services. The following duties came into force on 1 April 2015 and local authorities must carry them out in relation to adults with autism as with all other adults.

Local authorities have a duty:

- under Section 1 of the *Care Act*, to promote an individual's well-being;
- under Section 3 of the *Care Act*, to ensure the integration of care and support provision with health and health-related provision where this would, in its area, promote well-being, help prevent or delay the development of care and support needs, and improve the quality of care and support;
- under Section 4 of the *Care Act*, to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers and in particular on how to access the care and support that is available;
- under Section 6 of the *Care Act*, to co-operate in general, in exercising functions relating to adults with care and support needs and carers with support needs, between local authorities and other relevant bodies, such as NHS bodies in its area, other local authorities, and specified persons responsible for exercising functions in relation to social

⁶³ In April 2011, the Department of Health issued a template which local authorities could use to assess their progress towards Autism Strategy goals. Information from the templates submitted was collated by the Learning Disabilities Public Health Observatory. The end report, [Autism self-assessment framework 2014 – results](#), is now archived and available on the National Archives website.

⁶⁴ Public Health England, [Autism Self-Assessment Exercise 2016: Detailed report and thematic analyses](#), June 2017

- security, employment and training, probation services, prisons and the police;
- under Section 7 of the *Care Act*, to co-operate with the same relevant bodies in specific cases relating to individuals with needs for care and support;
 - under the *Care and Support (Assessment) Regulations 2014*, to give information about the assessment process to the individual being assessed;
 - under Regulation 5 of the *Care and Support (Assessment) Regulations 2014*, to ensure that a person carrying out an assessment has the skills, knowledge and competence to carry out the assessment in question and is appropriately trained. Local Authorities must therefore ensure that assessors carrying out assessments of people with autism have the skills, knowledge, competence and training to carry out such assessments.⁶⁵

The 2015 statutory guidance also states that local authorities should allocate responsibility to a named joint commissioner/senior manager to lead commissioning of care and support services for adults with autism.⁶⁶

Local commissioning plans should describe how local authorities will make sure that adults with autism are able to access direct payments (where appropriate).⁶⁷ Individuals who qualify may choose to have either a direct payment or personal budget:

Direct payments: Adults, including those with autism, who qualify for state-funded care services may be entitled to receive payments instead of a care package from the local authority. The payments, known as direct payments, are then used by the recipient to arrange and pay for their own, independently contracted, care and support services.

Personal budgets: Personal budgets are an allocation of funding given to people after an assessment of their needs. People can either take their personal budget as a direct payment, or - while still choosing how their care needs are met and by whom - leave councils with the responsibility to commission the services. Or they can have a combination of the two.

Under the *Health and Social Care Act 2012*, local authorities have a duty to provide direct payments for people who qualify for social care services. The *Care Act 2014* introduced a legislative basis for personal budgets for social care. The 2010 Government's [Mandate to NHS England](#) states that from 2015 personal health budgets, including direct

⁶⁵ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p18

⁶⁶ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p29

⁶⁷ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p29

payments for healthcare, should be available for anyone who could benefit from one.⁶⁸

The statutory guidance also states that people with autism should benefit from personalisation and be involved in decisions about their care and decisions about shaping local services:

Local commissioning plans should set out how local authorities will ensure that adults with autism are able to access direct payments (where appropriate) and benefit from the personalisation of health and social care. Local partners should already have a local autism partnership board in place, which brings together different organisations, services and stakeholders and adults with autism and their families to set a clear direction for improved services. Autism partnership boards have proved to be a highly effective means for stakeholders to shape and monitor local delivery of the strategy and statutory guidance. It is therefore essential for their partnership arrangements to be established in areas where they are not currently.⁶⁹

Children's social services

Under section 17 of the *Children Act 1989* as amended, disabled children are among those who are classed as "children in need", where the phrase "disabled" means if a child is "blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed".

A local authority is responsible for assessing whether a child is need, and for children in need a range of services may be provided by a local authority to support the child and their family, as set out in Schedule 2 of the *Children Act 1989* (as amended).

In terms of the level of statutory support that a local authority needs to provide to children with autism, the Family Rights Group (FRG), a charity, notes in an advice sheet entitled [Family Support:](#)

Can I decide what support my child gets?

Not exactly. Generally, families don't have the right to insist on a particular type of support being provided and, in practice, final decisions on what help will be offered to meet the assessed needs of children in need, are often made at internal funding panels within Children's Services. You won't be invited to this meeting.

Whatever help is offered, social workers are expected to agree a plan for support with the child and their family and it is good social work practice for the plan to be provided in writing and signed by both the family and the social worker.

However, there are some circumstances when families do have a right to support for their children:

⁶⁸ Department of Health, [The Mandate: A mandate from the Government to NHS England: April 2015 to March 2016](#), March 2014, p11

⁶⁹ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p29

- Families of eligible disabled children have a right to direct payments ... ; and
- Families of children with special educational needs who have an education, health and social care plan (EHC plan) have a right to the support identified in the statement/plan for their children.⁷⁰

During the debate on 21 March 2019, Members raised issues with securing adequate care plans. Dr Drew said:

What parents find most frustrating are instances in which a care plan has been agreed and is in place, and the local authority then tries to renegotiate downwards the sum that has been agreed. That causes problems for the parents and, obviously, for the person with autism, but it also causes problems for, in particular, specialist units.⁷¹

Further information is available in the Library briefing paper, [Local authority support for children in need \(England\)](#).

⁷⁰ Family Rights Group, [Family Support](#), March 2019, pp21–22

⁷¹ [HC Deb 21 March 2019 c1276](#)

4. Education policy

The legislative basis of the system of support for children with special educational needs (SEN) in England is Part 3 of the [Children and Families Act 2014](#).

Under the 2014 Act, local authorities have a duty to identify needs in their area and to commission, together with partner agencies (e.g. schools), services to support children and young people with SEN. This includes children and young people with autism. As part of this, authorities are required to publish a Local Offer, which must set out, among other things, a description of the special educational provision it expects to be available for children in its area who have special educational needs from schools and other educational providers.

In January 2015, the Government published a new [Special educational needs and disability code of practice](#) for children and young people aged between 0 to 25 years and provides statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities.

4.1 Types of support

The type of support that children and young people with SEN receive may vary widely, as the types of SEN and the impact they may have are very different. This applies particularly with regard to autism spectrum conditions. However, two broad levels of support are in place: SEN support, and Education, Health and Care Plans.

SEN support - support given to a child or young person in their pre-school, school or college. In schools, it replaces the previously existing 'School Action' and 'School Action Plus' systems. For children of compulsory school age the type of support provided might include extra help from a teacher, help communicating with other children, or support with physical or personal care difficulties.

Education, Health and Care Plans - for children and young people aged up to 25 who need more support than is available through SEN support. They aim to provide more substantial help for children and young people through a unified approach that reaches across education, health care, and social care needs. They are the replacement for SEN statements and Learning Difficulty Assessments (LDAs).

4.2 SEN support system

Support for pupils with autism is provided within the broader system of support for pupils with special educational needs.

The statutory [SEND Code of Practice](#) makes particular reference to autism and the challenges it produces. See for instance:

5.32 Special educational provision should be matched to the child's identified SEN. Children's SEN are generally thought of in the following four broad areas of need and support – see Chapter 6, paragraph 6.28 onwards, for a fuller explanation:

- communication and interaction
- cognition and learning
- social, emotional and mental health
- sensory and/or physical needs

5.33 These areas give an overview of the range of needs that providers should plan for. However, individual children often have needs that cut across all these areas and their needs may change over time. For instance speech, language and communication needs can also be a feature of a number of other areas of SEN, and children with an Autism Spectrum Disorder may have needs across all areas. The special educational provision made for a child should always be based on an understanding of their particular strengths and needs and should seek to address them all, using well-evidenced interventions targeted at areas of difficulty and, where necessary, specialist equipment or software. This will help to overcome barriers to learning and participation. Support should be family centred and should consider the individual family's needs and the best ways to support them.

[...]

6.29 Children and young people with ASD, including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.⁷²

In [response to a Parliamentary Question](#) in December 2017, the Education Minister Lord Agnew summarised the Government's wider approach to autism in education and future plans:

Lord Agnew: Local councils have a statutory duty, under the Children and Families Act 2014, to identify needs in their local area and to commission, together with partner agencies, services to support children and young people with SEND and their families. This includes services for children and young people with autism. These services must be included in each council's 'local offer' of available services, which must be reviewed regularly, in consultation with local families, taking their views into consideration.

The department has funded the [Autism Education Trust](#) (AET) since 2012 to deliver autism training to early years, schools and post-16 education professionals in England. The AET has now trained more than 150,000 education staff. This includes head teachers, teachers and teaching assistants, as well as support staff such as receptionists and dining hall staff, encouraging a 'whole school' approach to supporting children and young people with autism. The department will shortly begin discussions with the AET to consider an extension to their current contract.

The department published a new framework for Initial Teacher Training (ITT) content in July 2016. The framework, attached, includes specific content on SEND, including autism, and is available for training providers to use. This twin approach of ongoing work in schools to increase awareness of autism through training, while also ensuring that new teachers are equipped to support pupils with autism from the outset, is designed to ensure

⁷² Department for Education, [Special educational needs and disability code of practice: 0 to 25 years](#), January 2015, p85 and p97

that children and young people can succeed in their education. The department does not hold data on the numbers of teachers who have been trained by the AET or who have been through ITT courses that reflect the new ITT framework.

All academies and local authority maintained schools in England are expected to admit children and young people with SEND, including those with autism, whether or not they have an Education, Health and Care (EHC) plan. They cannot refuse to admit a pupil simply because he or she has a SEND. In 2016, there were 630 maintained special schools and 32 non-maintained special schools in England approved to make provision for pupils with autistic spectrum disorder. In addition, under the department's free schools programme, there are now 29 special free schools open in England, including 17 which cater specifically for children with autism. These include the Rise Free School in Hounslow and the Lighthouse Free School in Leeds. A further 22 special free schools are due to open in future, 12 of which will specialise in provision for children with autism, including the Cumbria Academy for Autism and a second National Autistic Society free school, the Vanguard School in Lambeth. The other schools will offer some places for children with autism.

In March, the government announced that it would make available £215 million of capital funding to support the expansion of existing provision as well as the development of new schools for pupils with EHC plans.⁷³

Library Briefing 7020 provides further information on the [system of special educational needs support in England](#). Section 5 of the paper discusses reports that have been published on the effectiveness of the system.

Disagreement resolution

If a disagreement between parents of pupils with SEN and schools or local authorities has not been resolved at the local level, under sections 496 and 497 of the [Education Act 1996](#) complaints can be made to the Secretary of State for Education that either the governing body of a maintained school or a local authority has acted unreasonably, or has failed to carry out one of its duties under the Education Acts, including their SEN duties.

4.3 Teachers

Teachers are required to have a clear understanding of the needs of pupils with SEND, including autism, as part of the [Teachers' standards](#). In July 2016 the Department for Education adopted a [framework of core content for initial teacher training](#), which gives direction to training providers on what should be prioritised to ensure that their programmes enable trainees to meet the Teachers' Standards in full. This includes specific content on SEND and makes specific reference to autism:

Providers should equip trainees to analyse the strengths and needs of all pupils effectively, ensuring that they have an understanding of cognitive, social, emotional, physical and mental health factors that can inhibit or enhance pupils' education. Providers should ensure that trainees understand the principles of the SEND Code

⁷³ [HL4113 \[Written Question\] 27 December 2017](#)

of Practice, are confident working with the four broad areas of need it identifies, and are able to adapt teaching strategies to ensure that pupils with SEND (including, but not limited to, autism, dyslexia, attention deficit hyperactivity disorder (ADHD), sensory impairment or speech, and language and communication needs (SLCN)) can access and progress within the curriculum. Providers should ensure that SEND training is integrated across the ITT programme.

In addition, since 2011 the Department for Education has funded the Autism Education Trust to deliver autism training to teachers. In [response to a PQ in June 2018](#), the Schools Minister stated that the Trust had trained 175,000 staff “to encourage a whole school approach to supporting children and young people with autism.” He added that the Department had extended the contract with the Trust for another two years in March 2018.

4.4 National Autistic Society and APPGA report

In January 2018 the National Autistic Society and the All Party Parliamentary Group on Autism (APPGA) launched a joint report on [Autism and education in England 2017](#). The report recommended that the Government should develop a national autism and education strategy by the end of 2019. This includes: training for school staff, reasonable adjustments for pupils on the autism spectrum in schools, provision of a specialist curriculum for all pupils who need one, measures to reduce bullying and promote inclusion, and guidance for local authorities on commissioning the full range of educational provision and support. The report was [debated](#) in the House of Commons on 6 February 2018.⁷⁴

In May 2018, Lord Agnew [stated](#) that the Government was “carefully considering the recommendations [of the report], including creating a national autism strategy.”

On 5 December 2018, the Minister Nadhim Zahawi, issued a [formal response](#) to the APPG’s [report](#) with responses to the recommendations around autism awareness and training in schools, collecting data to improve planning and making the SEND system more accountable.⁷⁵ He acknowledged the “important” recommendations of the report and stated the Government is in the progress of addressing “many” of them. One recommendation in particular was regarding autism awareness and training of school staff, the Minister stated that the Government “will be enhancing the package of support available for newly qualified teachers” in order to “support all pupils in their classrooms, including those with SEND” with further details about these enhancements due to be announced in “early 2019”. He also confirmed that the Government’s Adult Autism Strategy, [Think Autism](#) would be extended to cover children.⁷⁶

⁷⁴ [HC Deb 6 February 2018 c1465](#)

⁷⁵ Nadhim Zahawi’s Letter, 5 December 2018: [Download a PDF](#)

⁷⁶ Nadhim Zahawi’s Letter, 5 December 2018: [Download a PDF](#)

4.5 Permanent and fixed term exclusions of pupils with ASD

The most useful measure for assessing the prevalence of school exclusions among different pupil groups is the exclusion rate. This is calculated by expressing the number of exclusions as a percentage of all pupil enrolments sharing the same characteristic.

The latest Department for Education (DfE) exclusion statistics are for the 2016/17 school year. These figures are for state-funded primary, secondary and special schools. They show:

- Pupils with an identified primary SEN need of Autistic Spectrum Disorder (ASD) had a **permanent exclusion rate of 0.12 per cent** (125 exclusions for approximately 108,400 pupils with ASD as their primary SEN need). This is above the permanent exclusion rate for all pupils without identified SEN, nationally – **0.06 per cent**. Pupils with social, emotional and mental health difficulties had the highest rate of permanent exclusion, at **1.09 per cent**.
- In terms of pupils experiencing **one or more fixed term exclusions**, the rate for those with ASD as their primary SEN need was **4.46 per cent**. This is higher than the one or more fixed term exclusion rate nationally for pupils with no identified SEN, of **1.63 per cent**. Again, pupils with social, emotional and mental health difficulties as their primary SEN need had the highest rate, at **17.46 per cent**.⁷⁷

Exclusions policy and Timpson review

School exclusions

Statutory guidance is in place on [School exclusion](#). The guidance makes clear that it is unlawful to exclude a pupil for a non-disciplinary reason.⁷⁸

Timpson review

In March 2018 the Government established a [review of school exclusions practice](#), led by the former Children's Minister Edward Timpson. The review has not yet been published.

The review is in part a response to concerns as to why some children with particular characteristics, such as SEN, are excluded at higher rates than other children. The Schools Minister Nick Gibb has stated that the review "will consider how schools use exclusion overall and how this impacts their pupils, and in particular, why some groups of pupils are more likely to be excluded from school. It will also consider practice in relation to behaviour management and alternative interventions schools take in place of exclusion."⁷⁹

Off-rolling

Related concerns about children leaving school rolls are discussed in the Library briefing paper [Off-rolling in English schools](#), CBP 8444.

⁷⁷ [Permanent and fixed-period exclusions in England: 2016 to 2017](#), Department for Education, July 2018.

⁷⁸ Department for Education, [Exclusion from maintained schools, academies and pupil referral units in England](#), July 2017, p9

⁷⁹ [PQ 163072, 20 July 2018](#)

5. Employment policies

Although the Government does not collect data specifically on employment rates for people with Autistic Spectrum Conditions, the Department of Health have said that adults with autism are significantly underrepresented in the labour market.⁸⁰ The National Autistic Society estimates that only 16% of working-age people with autism are in full time employment, and only 32% are in some kind of paid work. They also report that 79% of people with autism on out-of-work benefits want to work.⁸¹

The Government is considering how it can collect robust data on the employment rate for autistic people.⁸²

5.1 Recent developments

The DWP has worked with various autism support groups and charities to develop a series of tools that aim to help people with autism find sustained employment.

They worked with the Hidden Impairment National Group to produce the [Hidden Impairments Toolkit](#). The toolkit “provides comprehensive information to enable staff to anticipate the reasonable adjustment solutions of individuals with [...] hidden impairments”.

The DWP has also worked with Autism Alliance UK to produce an [Autism and Neurodiversity toolkit](#). The aim of this toolkit is to support awareness and understanding of Autism Spectrum Conditions and provide guidance to support people with autism into employment. The two organisations also worked together to deliver an Autism training programme to over 1,200 staff members in Jobcentre Plus.⁸³

The Government has reported that it is currently unable to assess the effectiveness of this training due to the lack of robust employment figures for autistic people.⁸⁴

A number of autism support groups worked with the DWP to develop an ‘[About Me](#)’ Disability Passport. The aim of the passport is to improve the experience for people with autism (or other ‘invisible’ conditions) when visiting job centres, interviews and work placements.⁸⁵

In 2015, the Government set up an Access to Work Hidden Impairments Specialist team to provide employment support to those with hidden impairments such as autism. People with hidden impairments are offered an Access to Work holistic workplace assessment to assess the

⁸⁰ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p51

⁸¹ National Autistic Society, [Our Employment Campaign](#)

⁸² [PO 203312](#), 8 January 2019

⁸³ [PO 7308](#), 12 September 2017

⁸⁴ [PO 203312](#), 8 January 2019

⁸⁵ Autism East Midlands, [New Disability Passport & Autism and Neurodiversity Toolkit launches](#), 27 March 2017

support they require in the workplace, and the Access to Work advisor will help put these support plans in place. This team supported 2,150 people in 2017.⁸⁶

In addition to this, in December 2017 the DWP stated a further initiative would be put in place called the Local Supported Employment (LSE) proof of concept ‘place and train’ model. This aims to move disabled people, notably those with learning disability and autism, into real jobs at the going rate of pay, with support for both individual and employer. This is currently being tested in nine local authorities.⁸⁷

In January 2016, the DWP set out areas of work that had been put in place to help adults on the autism spectrum into work:

- the development of an Autism/ Hidden Impairment Network across Jobcentre Plus;
- the expansion of the Access to Work Mental Health specialist advisory team to cover people with autism and associated hidden impairment conditions;
- work to implement autism specific opportunities on LMS, Jobcentre Plus’s IT system;
- the introduction of a Job-Shadowing Work Placement Initiative for young disabled people (65% of participants in the first tranche had autistic spectrum conditions)
- The formation of an Autism Taskforce involving disability organisations and disabled people.⁸⁸

In December 2018, the Government announced a new support programme aimed at helping long-term unemployed disabled people find work. The Intensive Personalised Employment Support programme will provide personalised support for those who are at least a year away from moving into work. This programme will roll out in 2019 and will support those on the autism spectrum.⁸⁹

During the debate on 21 March 2019, the Minister commented on the need to improve employment prospects for people with autism:

The hon. Member for Bristol West (Thangam Debbonaire) and many other Members highlighted the need to do more to support autistic people into employment. It is a lost opportunity all round that only a relatively small number of autistic people are in work either full time or part time. Through the Disability Confident scheme, we are helping employers to promote the talents and abilities of autistic people, and Access to Work has a hidden impairments group that gives guidance to employers.⁹⁰

There is information on [Disability Confident](#) online.

5.2 Think Autism

In March 2014, the DWP hosted an event prior to the publication of *Think Autism* in partnership with the Department of Health and the

⁸⁶ [PO 201149](#), 18 December 2018

⁸⁷ [PO 119261](#), 18 December 2017 and [PO 226195](#), 4 March 2019

⁸⁸ [PO 23990 \[on Employment: Autism\], 28 January 2016](#)

⁸⁹ Ibid

⁹⁰ [HC Deb 21 March 2019 c1304](#)

National Autistic Society. Discussions took place on ways to improve DWP services for people with autism and recommendations were made which helped to develop an Autism Strategy Action Plan, which became part of *Think Autism*. That plan focused on three strategic areas:

- autism awareness training for DWP staff/managers;
- promotion of the autism agenda to the employment support provider community to ensure that reasonable adjustment solutions are identified/ implemented at the earliest possible stage;
- promotion of the autism agenda to the business community, seeking to increase work opportunities for people with autism and associated hidden impairment conditions.

The DWP subsequently undertook an internal survey to help Jobcentre Plus managers assess their local capacity to fully support people with autism and associated hidden impairment conditions. The survey enabled DWP to capture information that can be used to better support the development of improved services for claimants. Utilising the findings from the survey, DWP reported that it was working in collaboration to:

- build an Autism Network across all Jobcentre Plus offices, to be completed during 2015/16 and 2016/17;
- upskill the autism knowledge and awareness of staff involved in the Personalisation Pathfinder pilots, to be completed during 2015/16;
- develop an autism e-learning tool for staff/managers, to be completed in 2016/17.⁹¹

In the summer of 2015, the DWP and the Department of Health also established a new unit to improve employment outcomes for people with health conditions and who are disabled, in order to contribute towards halving the disability employment gap. The Work and Health Joint Unit was to explore how best to support people with autism to find and stay in work, while also improving their health.⁹²

Statutory guidance 2015

In March 2015, the Government produced updated [statutory guidance](#) for local authorities and NHS organisations to support the implementation of *Think Autism*. This set out legal duties for local authorities to improve employment outcomes for people with autism:

Local Authorities must:

- Ensure that the assessment and care planning process for adult needs for care and support considers participation in employment as a key outcome, if appropriate, and looks at the ways that any such needs may be met in a way which could support adults with autism to become 'work ready';

⁹¹ Department of Health, [Progress Report on Think Autism: the updated strategy for adults with autism in England](#), January 2016, p60

⁹² Department of Health, [Progress Report on Think Autism: the updated strategy for adults with autism in England](#), January 2016, p61

- when carrying out a needs assessment, consider whether matters other than the provision of care and support could contribute to the achievement of the outcomes an adult with autism wishes to achieve in day-to-day life, and whether the adult would benefit from the provision of anything under section 2 or 4 of the Care Act (preventative services or information and advice services), or anything that may be available in the community, including signposting, as appropriate, to Access to Work for interview support, and to other appropriate benefits and agencies that can help people with autism to find and keep a job.
- Ensure that employment is promoted as a positive outcome for the majority of children and young people with autism who have EHC plans and that routes to employment are fully explored during the reviews of those plans from Year 9 (age 13-14) onwards and included in plans where appropriate. Information on preparing for and finding employment must be included in the local authority's Local Offer under the Children and Families Act 2014.⁹³

5.3 1 million more disabled people in employment by 2027

The Conservative Party 2017 manifesto pledged to get “1 million more people with disabilities into employment over the next ten years”.⁹⁴

To meet this target there would have to be 4.5 million people in employment with disabilities by 2027, an increase of almost 600,000 people from current levels.

In November 2017, the Government set out its strategy on how it intends to get a million more disabled people into employment in the [Improving lives: the future of work, health and disability](#) White Paper. The strategy is partly based on supporting disabled people and people with long-term health conditions to find work, but also to provide investment to support these people to stay in work.

The Library briefing paper [People with disabilities in employment](#) provides a summary of the policies and proposals in the White Paper.

⁹³ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p51

⁹⁴ Conservative Party, [Forward Together: Our plan for a stronger Britain and a prosperous future](#), p57

6. Welfare and benefits

People with autism may be entitled to a range of different benefits. This includes income-replacement benefits, such as [Employment and Support Allowance \(ESA\)](#) and [Universal Credit](#) or benefits to help with the extra costs of a disability, such as [Disability Living Allowance \(DLA\)](#) which is being replaced by [Personal Independence Payment \(PIP\)](#) for working-age adults.

6.1 Welfare changes

People with autism may be affected by recent welfare changes, including changes provided for in the [Welfare Reform and Work Act 2016](#).

Employment and Support Allowance

Employment and Support Allowance (ESA) replaced incapacity benefits for new claimants from 27 October 2008. It replaced Incapacity Benefit, Severe Disability Allowance and Income Support for people judged incapable of work.

To be eligible for ESA, a person must undergo a Work Capability Assessment (WCA). Claimants are assessed to determine whether they have a “limited capability for work”, and also whether they are capable of engaging in “work-related activity.” This second part of the assessment determines whether the person is placed in the “Support Group” or the “Work-Related Activity group”. For claimants placed in the Work-Related Activity Group, access to the full rate of benefit may be conditional on participation in work focused interviews and mandatory “work-related activity”, such as work experience or training programmes. Claimants are not however expected to apply for jobs or undergo medical treatment.

The *Welfare Reform and Work Act 2016* introduced changes to ESA. Since April 2017, new Employment and Support Allowance claimants who are placed in the “Work Related Activity Group” (WRAG) are no longer eligible for the additional Work-Related Activity Component, currently worth £29.05 a week. The corresponding limited capability for work element in Universal Credit has also been abolished for new claims. The changes only affect new claims from that date – people who were already getting the ESA Work-Related Activity Component or the UC limited capability for work element at April 2017 can continue to receive it.

An overview of ESA and the changes to the WRAC is available in the Library briefing note [Abolition of the ESA Work-Related Activity Component](#) CBP-7649.

The assessment process

Health professionals undertaking WCAs are required to undergo training in order to conduct assessments of claimants with autism spectrum disorders. The following [response](#) to a parliamentary question in November 2017 provides further details:

Thangam Debonnaire: To ask the Secretary of State for Work and Pensions, whether people administering work capability assessments are required to undertake training on autism and autistic spectrum disorders; and if he will make a statement.

Sarah Newton: All Healthcare Professionals conducting Work Capability Assessments receive extensive training regarding autism spectrum disorders as part of their initial new entrant training. This training programme includes simulated assessments covering claimants with autism and learning disabilities to allow Healthcare Professionals to develop appropriate consultation skills. All Healthcare Professionals have access to condition specific information on autism which is quality assured by external reviewers. Healthcare Professionals are further supported by Functional Champions who are available to provide advice to Healthcare Professionals on particular conditions including autism before, during or after an assessment.⁹⁵

The [Work Capability Assessment Handbook](#) for Healthcare Professionals highlights that some of the activities assessed during the WCA may be particularly difficult for an individual with autism to undertake. For example, one of the activities that is tested as part of the WCA is an individual's ability to cope with change, with points awarded to individuals assessed as meeting the following descriptors:

- Cannot cope with change to the extent that day to day life cannot be managed – 15 points
- Cannot cope with minor planned change (such as a pre-arranged change to the routine time scheduled for a lunch break), to the extent that overall, day to day life is made significantly more difficult – 9 points
- Cannot cope with minor unplanned change (such as the timing of an appointment on the day it is due to occur), to the extent that, overall, day to day life is made significantly more difficult – 6 points
- None of the above applies – 0 points.

The Handbook states that this activity is intended to include difficulties that people with autism spectrum disorder may encounter:

This activity reflects the flexibility needed to cope with changes in normal routine. It is intended to include difficulties that may be encountered by people with moderate/severe learning disability, autistic spectrum disorder, brain injury, OCD, severe anxiety or psychotic illness. It is not intended to reflect simple dislike of changes to routine, but rather the inability to cope with them.

A further activity concerns an individual's ability to cope with social engagement due to cognitive impairment or mental disorder, with points awarded to individuals assessed as meeting the following descriptors:

- Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the claimant – 15 points
- Engagement in social contact with someone unfamiliar to the claimant is always precluded due to difficulty relating to

⁹⁵ [Written question - 112878, 14 November 2017](#)

others or significant distress experienced by the claimant – 9 points.

- Engagement in social contact with someone unfamiliar to the claimant is not possible for the majority of the time due to difficulty relating to others or significant distress experienced by the claimant – 6 points
- None of the above applies – 0 points

The Handbook states that those with autism may have problems in this area:

This activity is intended to reflect a significant lack of self-confidence in face-to-face social situations that is greater in its nature and its functional effects than mere shyness or reticence. Clarifications from the DWP confirm that the ability to interact must be in person rather than through any “virtual face to face interaction” such as Skype. Those with conditions such as significant anxiety, autism, personality disorder, psychosis, significant depression or learning disability may have problems in this area.

It reflects levels of anxiety that are much more severe than fleeting moments of anxiety such as any person might experience from time to time.⁹⁶

The Improving Lives Green and White papers

Alongside the changes to the WRAC in 2016, the Government made an announcement to provide "new funding for additional support to help claimants return to work." The subsequent October 2016 Green Paper, [Improving Lives](#)⁹⁷ contained a series of measures to provide additional help for people with health conditions and disabilities get into work. They included:

- An extra 300 Disability Employment Advisers and around 200 new Community Partners with disability expertise to support Jobcentre work coaches to offer tailored employment support as part of a new Personal Support Package for people with health conditions
- investing £115 million of funding to develop new models of support to help people into work when they are managing a long-term health condition or disability.

In the 2017 *Improving Lives* White Paper, published in [response](#) to the Green Paper consultation, the Government stated that employment support for those with learning disabilities and other health conditions should be available to all groups who needed it including groups with the lowest employment rates, such as those people with ‘neurodiverse conditions’ like autism.⁹⁸ The Government has proposed a 10-year

⁹⁶ DWP, [Work Capability Assessment handbook: for healthcare professionals](#), February 2019, p134

⁹⁷ Department for Work & Pensions and Department of Health, *Improving Lives – The Work, Health and Disability green paper*, Cm 9342, October 2016

⁹⁸ Department for Work & Pensions and DoH, [Improving Lives: The Future of Work, Health and Disability](#), Cm 9526, November 2017; p9

strategy to “break down employment barriers for disabled people and people with health conditions”.⁹⁹ The strategy includes proposals to:

- Improve advice and support for employers by working with them and disabled people, as well as other stakeholders;
- Introduce an “enhanced training offer” for DWP work coaches – developed in conjunction with a national mental health charity – to help them work with benefit claimants with mental health conditions;
- Provide an additional £39 million to more than double the number of employment advisors in an existing NHS programme treating people with depression and anxiety disorders.

On 28 March 2019 the National Audit Office published a report looking at the DWP’s strategy, working across government, for supporting disabled people to work, and what is currently being achieved.¹⁰⁰

Personal Independence Payment

The *Welfare Reform Act 2012* provided that Disability Living Allowance (DLA) would be replaced with Personal Independence Payment (PIP) for working-age disabled adults starting from April 2013. The changes will affect existing working age DLA claimants, as well as those making a new claim. For those existing DLA claimants found not to satisfy the conditions for PIP on reassessment, DLA will stop. Existing DLA claimants are being reassessed for PIP. PIP was introduced for new claims from April 2013, and it was originally expected that by late 2017 remaining working age DLA claimants would have been “invited” to claim PIP, but the Department for Work and Pensions now expects that full roll-out of PIP will not be achieved until October 2020.

PIP is the “extra costs” benefit for people of working age who have daily living and/or mobility needs as a result of a disability or health condition. PIP does not depend upon the person being diagnosed as having a particular health condition or disability, but on how their condition or disability affects what they can and cannot do, as determined by the PIP assessment. The assessment for PIP looks at an individual’s ability to carry out a series of key everyday activities. The assessment considers the impact of a claimant’s health condition or impairment on their functional ability rather than focusing on a particular diagnosis.

Further detail on PIP and the assessment process is available in the Library briefing paper [Mental health and the benefits assessment process](#).¹⁰¹

⁹⁹ Department for Work & Pensions and DoH, [Improving Lives: The Future of Work, Health and Disability](#), Cm 9526, November 2017

¹⁰⁰ NAO, [Supporting disabled people to work](#), HC 1991 2017-19. See also Commons Library briefing CBP-7540, [People with disabilities in employment](#), 15 February 2019

¹⁰¹ CDP-2019-0005, 21 January 2019

Personal Independence Payment (PIP) statistics

As of January 2019, **79,305** recipients of PIP had an autistic spectrum disorder as their main disabling condition – these accounted for 3.9% of all PIP recipients.

The main disabling conditions of PIP recipients recorded in the autistic spectrum disorder group were as follows:

- Autism (56,382 recipients, 71.1%)
- Asperger's syndrome (22,634 recipients, 28.5%)
- Retts disorder (292 recipients, 0.4%)

78% of PIP recipients with an autistic spectrum disorder as their main disabling condition are male (62,118).

These figures only those whose autistic spectrum disorder is their main disabling condition. Other PIP claimants may have such a condition as a secondary/other condition in addition to their main condition.

The most common award type for those with an autistic spectrum disorder main disabling condition is a combination of enhanced daily living and enhanced mobility components (35,458 recipients).

Personal Independence Payment (PIP) claims in payment to people with autistic spectrum disorders as main disabling condition, January 2019				
	Total: autistic spectrum disorders	of which:		
		Autism	Asperger syndrome	Retts disorder
Total	79,305	56,382	22,634	292
<i>of which: type of award:</i>				
Daily Living - Enhanced	64,111	48,331	15,494	282
<i>of which - in combination with:</i>				
Mobility Award - Enhanced	35,458	30,084	5,112	257
Mobility Award - Standard	17,971	12,079	5,880	10
Mobility Award - Nil	10,675	6,169	4,502	10
Daily Living - Standard	13,605	7,192	6,406	6
<i>of which - in combination with:</i>				
Mobility Award - Enhanced	909	526	381	..
Mobility Award - Standard	4,479	2,527	1,958	..
Mobility Award - Nil (III)	8,212	4,139	4,065	..
Daily Living - Nil	1,593	854	732	5
<i>of which - receiving:</i>				
Mobility Award - Enhanced	249	146	102	..
Mobility Award - Standard	1,305	687	617	5
Mobility Award - Nil (a)	38	18	21	..

Notes

Statistical disclosure control has been applied to this table at source to avoid the release of confidential data. **Components may not sum to totals due to the disclosure control applied.**

".." denotes a nil or negligible number of claimants or award amount based on a nil or negligible number of claimants.

(a) A very small proportion of the caseload at any given time are reported as nil-nil - these are claims temporarily recorded as nil rate pending a claim review. These cases should be treated with caution and may be subject to revision in future.

Source

DWP Stat-xplore PIP claims in payment dataset

[Link to source](#)

People with autistic spectrum disorders have varying success when it comes to applying for PIP. Between 2013 and 2019, 58% of new claims made by those with a recorded main disabling condition of autism were awarded PIP, while 42% were disallowed. For those with a main disabling condition of Asperger's syndrome, the award rate for new claims was 50%.

For people who were previously on Disability Living Allowance (DLA) and who underwent reassessment to determine entitlement to PIP, 79% of those with a main disabling condition of autism were awarded PIP. The award rate for reassessed DLA claimants with Asperger's syndrome was 57%.

Clearances of PIP new claim applications and DLA-to-PIP reassessments, by main disabling condition and initial DWP decision

April 2013 to January 2019 inclusive

	Total	<u>of which: outcome (a)</u>			
		Awarded		Disallowed	
New claim applications					
All claims where disabling condition is recorded	1,866,130	1,136,435	61%	729,694	39%
<i>of which - main disabling condition:</i>					
Autistic spectrum disorders: Total	25,012	13,509	54%	11,509	46%
<i>of which:</i>					
Autism	12,898	7,497	58%	5,401	42%
Asperger syndrome	12,092	5,991	50%	6,101	50%
Retts disorder	26	19	73%	10	38%
DLA-to-PIP reassessment cases					
All claims where disabling condition is recorded	1,360,129	1,069,866	79%	290,265	21%
<i>of which - main disabling condition:</i>					
Autistic spectrum disorders: Total	82,073	59,615	73%	22,455	27%
<i>of which:</i>					
Autism	56,807	45,089	79%	11,714	21%
Asperger syndrome	24,973	14,251	57%	10,722	43%
Retts disorder	290	278	96%	13	4%

Notes

Statistical disclosure control was applied to this table at source to avoid release of confidential data.

Components may not sum to totals due to the disclosure control applied.

Source

DWP Stat-xplore PIP clearances dataset

[Link to source](#)

Legal challenge to changes to the PIP Regulations

In March 2017 the DWP introduced regulations to reverse the effect of two Upper Tribunal judgments relating to the PIP eligibility criteria from November 2016. The [Social Security \(Personal Independence Payment\) \(Amendment\) Regulations 2017](#)¹⁰² were introduced to amend the PIP eligibility criteria from 16 March 2017 to "clarify the drafting and

¹⁰² [SI 2017/194](#)

reverse the effect” of the Upper Tribunal judgments.¹⁰³ The Government claimed that the judgments had interpreted the Schedule setting out the assessment criteria “in ways which the Government did not intend.” The regulations amended the PIP assessment criteria to make it clear that people who found it difficult to make journeys due to psychological distress (rather than a physical or mobility issue) were entitled to less support under PIP.

Further details of the judgments and the effect of the regulations is set out in the Library briefing paper: [Changes to the Personal Independence Payment eligibility criteria](#).

In the subsequent High Court case of *RF v the Secretary of State for Work and Pensions & Others*¹⁰⁴, the claimant brought judicial review proceedings against the Secretary of State for Work and Pensions seeking to quash parts of the 2017 regulations on the basis that they were unlawful. RF’s claim was supported by The National Autistic Society, Inclusion London, Revolving Doors and Disability Rights UK, Mind and the Equality and Human Rights Commission (EHRC).

On 21 December 2017, the High Court ruled that the *Social Security (Personal Independence Payment) (Amendment) Regulations 2017* (GB) were unlawful because they discriminate against people with disabilities in breach of *Human Rights Act 1998* obligations and declared that the Secretary of State did not have lawful power to make the regulations and should have consulted before making them.¹⁰⁵

Responding to the judgment, Sarah Lambert, Head of Policy and Public Affairs at the National Autistic Society said:

This ruling is hugely significant for many autistic adults, who struggle to make new and unfamiliar journeys because of anxiety and psychological distress.¹⁰⁶

The Government response to the RF judgment

On 19 January 2018 the Government announced that it would not contest the High Court’s decision in *RF*, and that it would also drop its appeal against the original Upper Tribunal decision that had prompted the change to the regulations.¹⁰⁷ The Secretary of State for Work and Pensions said that the DWP would “take all steps necessary to implement the judgment in *MH* in the best interests of our claimants, working closely with disabled people and key stakeholders over the coming months.”¹⁰⁸

The DWP is reviewing all 1.6 million existing PIP awards as well as PIP claims submitted since the original Upper Tribunal judgment in

¹⁰³ *MH v Secretary of State for Work and Pensions (PIP)* [2016] UKUT 531 (AAC) and *Secretary of State for Work and Pensions v LB (PIP)* [2016] UKUT 530 (AAC)

¹⁰⁴ [2017] EWHC 3375 (Admin)

¹⁰⁵ Further information can be found in the Public Law Project press release, [High Court finds 2017 Personal Independence Payment \(PIP\) Regulations unlawful](#), 21 December 2017.

¹⁰⁶ NAS, [Victory in legal case on Personal Independence Payment](#), 21 December 2017

¹⁰⁷ *MH v Secretary of State for Work and Pensions* [2016] UKUT 0531 (AAC)

¹⁰⁸ [Written Statement HCWS414](#), 19 January 2018

November 2016 to see who could be affected. On 25 June 2018, the Government announced that the review was underway, and that new guidance required to implement the change had been published.¹⁰⁹

It was expected that the review would result in around 25,000 claimants by 2022-23 receiving a PIP award who would not have done so otherwise and around 165,000 receiving a higher award than would otherwise have been the case.¹¹⁰

The DWP Minister Sarah Newton updated the House on progress reviewing cases affected by the Upper Tribunal decision in MH in a [written statement on 20 December 2018 \(HCWS1224\)](#):

My Written Statement of 25 June 2018 (HCWS793) informed the House that my Department had begun an exercise to identify anyone who may be entitled to more support under PIP as a result of the MH and RJ decisions of the Upper Tribunal. The MH decision broadened the interpretation about how symptoms of overwhelming psychological distress should be assessed for the purpose of mobility activity 1 in PIP. The RJ decision concerned how the Department considers a claimant to be carrying out an activity safely and whether they need supervision to do so. I committed to regularly updating the House of developments regarding this administrative exercise.

The Department has today published an ad hoc release of Management Information on the administrative exercise: <https://www.gov.uk/government/collections/dwp-ad-hoc-analyses#2018>

As at 23 November 2018, 140,000 cases had been cleared, of which 1,000 had been paid arrears. The average payment made is approximately £4,500. We are monitoring the numbers of, and reasons for, revised awards closely and making regular quality checks in order to ensure that our decision making is accurate and fair.

Given the complexity of the exercise we have started at a relatively small scale to test our processes and ensure they are effective before ramping up. At the same time we have recruited over 250 additional staff to increase resources available for this exercise, with more to follow over the coming months.

In addition, we are redirecting resource from other areas of PIP. This means the administrative exercise will conclude in 2020. Some DLA to PIP reassessments that would have taken place in 2019/2020 will move to the following year. I believe that prioritising cases where claimants are entitled to arrears is the correct approach.

Further information on how the administrative exercise is being undertaken is set out in an updated Frequently Asked Questions. I will deposit a copy of this document in the Library.¹¹¹

Further details of the review process are given in the FAQs Deposited Paper.¹¹²

¹⁰⁹ [Written Statement HCWS793](#), 25 June 2018

¹¹⁰ Office for Budget Responsibility, [Economic and fiscal outlook](#), March 2018, para 4.112

¹¹¹ [Written Statement HCWS1224](#), 20 December 2018

¹¹² [DEP 2018-1299](#)

Universal Credit

Universal Credit (UC) is replacing tax credits and means-tested benefits (including income-related ESA and Housing Benefit) for working age individuals and families.

Benefit and tax credit claimants not experiencing a change in circumstances will transfer to UC by a process known as “managed migration.” Under the latest Government plans, a managed migration pilot involving around 10,000 claimants will begin in July 2019. The DWP will then seek parliamentary approval for the main phase of managed migration, which is expected to get underway in late 2020 and be completed by December 2023.

Universal Credit rationalises support for disabled people and does not include any of the disability premiums currently payable with means-tested benefits. Disability organisations have expressed particular concern that the Severe Disability Premium (SDP) currently received by over half a million people will not be carried over into Universal Credit. In response to a High Court judgment in June 2018, the Government introduced regulations preventing people in receipt of SDP from moving onto UC until the final managed migration stage, when they can receive transitional protection. People who have already moved to UC and lost their SDP are to receive additional payments – both backdated and on an ongoing basis – although these may not fully compensate individuals for the amounts lost. Draft regulations providing for these “SDP transitional payments” (and for the managed migration pilot) are currently before Parliament. Further information can be found in Commons Library briefing CBP-8494, [Universal Credit and the Severe Disability Premium](#).

Most claimants are expected to make and manage their Universal Credit claim online. In its December 2018 report [Universal Credit: support for disabled people](#),¹¹³ the Work and Pensions Committee noted that some disabled people would never be able to use all online systems independently and recommended that the DWP offer proactively ongoing support to claimants who cannot use the online system, and ensure the funding necessary to deliver this. In its response, the Government said that from 1 April 2019 the new “Universal Support; Help to Claim Universal Credit” service delivered by Citizens Advice and Citizens Advice Scotland would provide tailored assistance to those requiring additional support to make and manage their UC claim.¹¹⁴

All Universal Credit claimants will be required to agree a “Claimant Commitment.” This will record the activities they are required to undertake, including, where appropriate, doing all that can reasonably be expected of them to find work or prepare for work.¹¹⁵

Unlike ESA, claimants for Universal Credit who are waiting for a Work Capability Assessment (WCA) will, with some exceptions, be subject to

¹¹³ HC 1770 2017-19

¹¹⁴ [Universal Credit: support for disabled people: Government Response](#), HC 1998 2017-19, 5 March 2019

¹¹⁵ [Explanatory Memorandum to the Universal Credit Regulations 2013](#), para 7.10

the all-work related requirements level of conditionality. These requirements should be personalised to their circumstances. The DWP stated that:

This approach is intended to support more claimants by keeping them in touch with the labour market to reduce the damage caused by labour market detachment.¹¹⁶

In its recent report, the Work and Pensions Committee recommended that UC claimants awaiting a WCA who can present a valid Fit Note should not be subject to any conditionality. In response, the DWP said that starting from summer 2019 it would “explore the possibility” of a general policy that conditionality would not be imposed on people before their WCA, but that it would remain the responsibility of the Work Coach to consider each case individually.

For further information on how Universal Credit will affect disabled people, see Commons Library Debate Pack CDP-2018-0278, [Impact of changes to disability support](#). The DWP have produced a guide on [Universal Credit if you have a disability or health condition](#).

¹¹⁶ Work and Pensions Select Committee, *Employment and Support Allowance and Work Capability Assessments*, 23 July 2014, HC 302-I 2014-15, [Ev 17 WCA0196](#)

7. The criminal justice system

Making sure that people with autism are understood and supported by the criminal justice system was one of the priority areas in *Think Autism*:

If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.¹¹⁷

The statutory guidance sets out legal duties and recommendations for local authorities, NHS bodies and Foundation Trusts for adults with autism who come into contact with the criminal justice system, and how they can support police, probation services, courts and prisons.¹¹⁸ For example, the guidance states that local authority-based Community Safety Partnerships should be used as a forum to bringing agencies together to develop plans to support the Autism Strategy, and should include the local authority, police, probation, CCGs and the fire and rescue authority.

The Department of Health's 2016 progress report on *Think Autism* outlined work to better support people with autism in the criminal justice system:

A Cross-Criminal Justice System Government Group, chaired by the MoJ, was set up in spring 2014 and now meets quarterly to discuss work across the criminal justice system to improve services for people with autism, including progress with commitments under the autism strategy. Membership includes MoJ, the Home Office, the Crown Prosecution Service (CPS), the Youth Justice Board, the National Offender Management Service (NOMS), the National Police Chiefs' Council (NPCC) which was formerly the Association of Chief Police Officers or ACPO, DH and NHS England, as well as a number of special interest bodies (including NAS) and self-advocates. Meetings cover issues such as training and awareness, screening, reasonable adjustments, and the use of IT systems to better support people with autism.¹¹⁹

The 2016 progress report also outlines work undertaken by the Crown Prosecution Service, the College of Policing, the Police National Computer, the police service and other national bodies to identify and support people with autism in contact with the criminal justice system.¹²⁰

Liaison and diversion services have been developed to identify people who may have specific needs such as people with mental health problems, a learning disability and autism, so that offenders can either be supported through the criminal system pathway or diverted into treatment, health and care services or other relevant interventions. The Government supports a policy of liaison and diversion.

¹¹⁷ Department of Health, [Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update](#), April 2014, p7

¹¹⁸ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p55

¹¹⁹ Department of Health, [Progress Report on Think Autism: the updated strategy for adults with autism in England](#), January 2016, p64

¹²⁰ See Department of Health, [Progress Report on Think Autism: the updated strategy for adults with autism in England](#), January 2016, p65

In March 2014, the Minister for Care Services made a commitment for a nationwide liaison and diversion service by 2017:

We have started to roll out the Government's liaison and diversion service, which I announced back in January. By 2017 we aim to have a nationwide service for people with mental health problems, autism and learning disabilities who end up in the criminal justice system, often inappropriately and unnecessarily. Getting people diverted to diagnosis, which Members have talked about, and to the right treatment can often prevent further offending and potentially thereby transform someone's life while protecting others.¹²¹

On 21 March 2019, the Minister said roll-out would be completed by 2021:

In the initial police learning and development programme, police officers are already given training, and many police forces have developed their own. Liaison and diversion schemes are being rolled out with 100% coverage expected by 2021.¹²²

The 2015 statutory guidance sets out legal duties that local authorities have for supporting people with autism in the criminal justice system:

Local Authorities must:

- Under the *Care Act*, from April 2015, assess the care and support needs of adults (including those with autism) who may have such needs in prisons or other forms of detention in their local area, and meet those needs which are eligible;
- Work with prisons and other local authorities to ensure that individuals in custody with care and support needs have continuity of care when moving to another custodial setting or where they are being released from prison and back into the community.¹²³

In March 2015, the Ministry of Justice announced that it is encouraging prisons and young offender institutes in England and Wales to apply for the National Autistic Society's Autism accreditation. The accreditation process has a clear framework to help institutions and services work systematically towards good quality autism practice and is intended to improve rehabilitation support for prisoners with autism.¹²⁴

The National Autistic Society has published: [Autism: A guide for police officers and staff](#).

The National Autistic Society also states that some people with autism may also be more vulnerable to criminal acts against them, due to difficulties with social interaction.¹²⁵ *Think Autism* sets out work being done to improve support for vulnerable or intimidated victims and

¹²¹ [HC Deb 5 March 2014, c307WH](#)

¹²² [HC Deb 21 March 2019 c1305](#)

¹²³ Department of Health, [Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy](#), March 2015, p56

¹²⁴ Ministry of Justice, [Prisons seeking National Autistic Society help to improve support for prisoners](#), 27 March 2015

¹²⁵ National Autistic Society, [Position statement: crime and autism](#) [last accessed 2 April 2015]

witnesses to crime giving evidence to the police and courts, including information provided by the Crown Prosecution Service to help and support vulnerable victims and witnesses.¹²⁶

On 30 January 2018, there was a debate on the [Criminal Justice System: Adults with Autism](#). The Library published a corresponding debate pack on the [Treatment of adults with autism by the criminal justice system](#), which goes into more detail.

¹²⁶ Department of Health, [Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update](#), April 2014, p20

8. Scotland, Wales and Northern Ireland

Health is a devolved matter, and so each of the devolved administrations are responsible for setting their own policies in this area.

8.1 Scotland

The Scottish Government published the [Scottish Strategy for Autism](#) in November 2011. The strategy aims to ensure that progress is made across Scotland in delivering quality services for people with autism and their families. The strategy was backed up with funding of £10m over four years.

The strategy contained 26 recommendations, under the following overarching themes:

- The Scottish Government will provide strategic leadership on improving the lives of people affected by autism. It will lead on creating a strategic vision for the development of services and support for people with autism, their families and carers.
- Achieving best value for services for people affected by autism will ensure that resources are effectively targeted and that the outcomes in improving people's lives are the best we can achieve.
- People with autism, and their families and carers, should be involved at all levels in decision making.
- The capacity for cross-agency working will be developed through stronger networks, best practice and training. This will help deliver cost-effective support and interventions.
- For adults, getting a good quality diagnosis is the key foundation that will lead them to understanding their condition and for the best support to be made available to them.
- There are many people with autism who would like to work but who face significant barriers to getting and sustaining a job. We will support them through training, creating opportunities and improving access to the workplace.

The Scottish Government ran a [consultation](#) from 18 October to 29 November 2017 to refresh the 2011 strategy. This sought views on how what the actions for the final stage of the strategy should be, in the context of changes since 2011, including devolved employability and social security powers.

The refreshed strategy, [Scottish Strategy for Autism: outcomes and priorities 2018-2021](#), was published in March 2018. Research into the [The microsegmentation of the autism spectrum: research project](#) was also published in March 2018. It covers economic research on autism and implications for Scotland, including how the economic cost of

autism can inform strategy and planning. Scottish Autism [responded](#) to this report.

During the debate on 21 March 2019, David Linden referred to the announcement by Scottish Mental Health Minister, Clare Haughey, on 19 March 2019 of a “complete review of mental health legislation and autism legislation.”¹²⁷

The Scottish Government funds the [Autism network](#) and the [Autism Toolbox](#)

8.2 Wales

In 2008, the Welsh Assembly Government published the [Autistic Spectrum Disorder \(ASD\) Strategic Action Plan for Wales](#). The plan set out a number of actions to improve services and outcomes for people with autism in Wales, under the following themes:

- Mapping prevalence, needs and services
- Commissioning services
- Transitional arrangements
- Services for adults
- Awareness raising, information and training

In May 2015, the Welsh Government announced a [one-year plan for children, young people and adults with autism spectrum disorder](#). As well as looking to refresh their autism strategy, the interim delivery plan also promised to take forward the ‘most pressing actions identified by a stakeholder advisory group’. These included:

- addressing delays in diagnosis and improving ASD diagnostic pathways;
- developing options for an integrated service to identify unmet need and address the most acute gaps in services and support;
- improving education and employment outcomes including transition; and
- developing awareness raising and professional training materials and resources.

Health and Social Services Minister, Mark Drakeford, said:

I’m very pleased to announce a number of new measures to improve the process of diagnosing children, young people and adults with ASD and the services available to support them.

This plan, which is backed by more than £600,000 funding from the Welsh Government, sets out what we want to achieve over the next 12 months and its outcomes will inform decisions about longer-term goals.

We’re also making a £2m investment to develop specific services to better diagnose and support young people with ADHD and

¹²⁷ [HC Deb 21 March 2019 c1298](#)

ASD. This will cut waiting times in specialist child and adolescent mental health services so those with highest levels of clinical need are seen in a more timely manner.¹²⁸

In November 2016, the Welsh Government published a new [Strategic Action Plan for Autism Spectrum Disorder](#), which set out three priority areas for the coming years:

- awareness raising, information and training;
- assessment and diagnosis; and
- meeting support needs.

The first annual report on the [Autistic Spectrum Disorder Strategic Action Plan 2017/18](#) outlines how the Welsh Government views its progress in implementing its strategy.

An [updated delivery plan](#) has been published for 2018-21, which lists the commitments of the 2016 plan alongside a number of newer goals.

Paul Davies AM introduced the [Autism \(Wales\) Bill](#) on 13 July 2018.¹²⁹ The Bill did not proceed but it prompted the Welsh Government to issue the following detailed statement on 18 February 2019:

The National Assembly's scrutiny of the Autism (Wales) Bill provided a welcome and valuable opportunity to consider whether autism-specific legislation would add value to the current autism services available in Wales.

I recognise there will be many people who will be disappointed this Bill is not proceeding further. However, over the course of the last year, it has highlighted the everyday experiences of people with autism and their families and carers of their interaction with services in Wales – both good and bad.

As the National Assembly committees, which examined the legislation, acknowledged, the Welsh Government is reforming services. This improvement programme needs to be accelerated and the remaining gaps in provision need to be addressed.

I have been clear that although the Welsh Government does not support legislation at this time – we agree with the need to speed up the pace of improvement.

Many clinicians and professional organisations – including the Royal College of Psychiatrists; the Royal College of Speech and Language Therapists; the Royal College of Paediatrics and Child Health; the Royal College of Occupational Therapists; the Royal College of General Practitioners and the Welsh NHS Confederation – support the need to allow these reforms to become embedded and reviewed before considering new legislation.

We have all the laws and powers we need to drive reform – in the Social Services and Wellbeing (Wales) Act 2014 and the NHS (Wales) Act 2006; in the Future Generations Act 2015 and the Additional Learning Needs and Education Tribunal (Wales) Act 2018.

Our programme of reform includes the roll out of the national integrated autism service, which will be available in every region

¹²⁸ Welsh Government, [New measures to improve autism services in Wales](#), 18 May 2015

¹²⁹ [National Assembly Research Service Briefing on the Autism \(Wales\) Bill](#), 2019

of Wales by April 2019. To make sure this service is addressing identified gaps in provision, an independent evaluation will be completed in the coming weeks and the preliminary findings will be available in February.

I have also commissioned a review of the barriers to reducing diagnostic waiting times and on how wider neurodevelopmental services can be aligned to address any emerging gaps in services for people with other or co-existing conditions. This will be completed by the end of March 2019.

To strengthen and underpin existing duties, we are consulting on proposals for a statutory Code of Practice on the Delivery of Autism Services under the Social Services and Wellbeing (Wales) Act 2014 and NHS (Wales) Act 2006.

The code will be delivered this year and will set out how local authorities and the NHS should adapt their services to meet autistic people's needs. Public engagement events have been organised in Llandrindod Wells, Swansea, Llandudno and Cardiff during February 2019 and the consultation is open until 1 March.

This code will have as much or greater force and remedies than the proposed Autism (Wales) Bill. In addition to existing local complaints procedures, the Welsh Government can directly intervene in both health and local authority services where services are found to be failing. The clear services standards the code will set out provide the context within which these powers can be used in the future.

In other areas we have already taken such action to issue warning notices to a local authority when services have not met expected standards. There are similar powers to intervene in health services which we have also used.

I understand many parents concerns about the support their children receive at school and college. We are consulting separately on the Additional Learning Needs Code and proposed regulations to support the implementation of the Additional Learning Needs and Education Tribunal (Wales) Act 2018. This consultation will end on 22 March.

The second annual report about the delivery of the ASD Strategic Action Plan, which will be published by June 2019, will provide an update about assessment waiting times; the development of referral pathways; updating housing management guidance; preparing for the roll out of the new additional learning needs system and improving data through the development of a GP autism register. It will also provide feedback on the delivery of the integrated autism service.

Our improvement work continues to be supported by the National Autism Team, which is hosted jointly by the Welsh Local Government Association (WLGA) and Public Health Wales. The team plays a vital role in facilitating collaboration, supporting service delivery and raising awareness of autism, including providing tools and resources.

Visits to the ASDinfo.wales website, which the team maintains, have increased by 30,000 since 2017, to more than 108,000 in 2018. More than 30,000 people have completed the ASD Aware scheme – 8,000 of these during 2018. Almost 4,500 primary school teaching staff have completed the Learning with Autism programme and more than 26,500 children are now Autism 'super heroes'. To ensure this support continues uninterrupted, I

have renewed staff funding for the National Autism Team until March 2022.

We have introduced a new 26-week waiting time standard for neurodevelopment assessments for children and young people, data will be published when it is available. This new standard will measure waiting times from referral to the first face-to-face appointment, rather than just signalling the start of assessment.

There will always be more to be done and the reforms we are putting in place need to be implemented with energy and pace. A national conference for autistic people, their parents and carers will be held on 3 April in Swansea aimed at improving wellbeing outcomes.

A further independent evaluation will be commissioned this year which will be based on the recommendations arising from the current evaluation and those made by Assembly Committees during the Autism (Wales) Bill's scrutiny. This additional work will provide us with the evidence we need to ensure our reforms are delivering for people with autism in Wales or whether we need to consider a change of course later in this Assembly term.

The Welsh Government has consulted on a [Code of Practice for the Delivery of Autism Services](#). Consultation closed on 1 March 2019.

8.3 Northern Ireland

[The Autism Act \(Northern Ireland\) 2011](#) requires the Northern Ireland Executive to publish an Autism Strategy (for all ages) and to report on the implementation of that strategy to the Assembly, at three yearly intervals.

The Autism Strategy (2013-2020) and Action Plan (2013-2016) was subsequently approved by the Northern Ireland Executive and launched in January 2014.

The structure of the Action Plan sets out thirty-four cross-Governmental actions reflecting the following eleven themes and associated strategic priorities:

- Awareness
- Accessibility
- Children, young people and family
- Health and wellbeing
- Education
- Transitions
- Employability
- Independence, choice and control
- Access to justice
- Being part of the community
- Participation and active citizenship

A progress report on the implementation of the strategy was published in September 2015: [The Autism Strategy \(2013 – 2020\) and Action Plan \(2013 – 2016\) Progress Report September 2015.](#)

In 2016, The National Autistic Society Northern Ireland and Autism NI published [Broken Promises](#), which considered evidence on the impact of the 2011 Act and Strategy and Action Plan. The research argued that they “had failed to deliver on promises of help for autistic people, their families and carers.” The [report called](#) for the government to fulfil the obligations promised in 2011. Statistics on autism in Northern Ireland can be [found online](#).

The Education Authority in Northern Ireland has an [Autism Advisory and intervention service](#).

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