

Hampshire Autism Partnership Board

MINUTES

Tuesday 17th June 2025 – 10:00 – 12:30 (in person/hybrid)

Chairing meeting today:

Margaret White - Co-chair of HAPB, Hampshire Autism Voice member

Present:

Cllr Fran Carpenter, Co-chair of HAPB & County councillor

Jason Norum - Head of Commissioning young adults, Learning Disability, Mental Health and Physical Disability, HCC - Autism Lead

Alice Madden-Curtis - Deputy Autism Adult Lead & Commissioning Officer AHC, HCC

Zoë Beasley – Hampshire Autism Partnership coordinator (& minute taker)

David Carter - Chair of NAS South Hampshire Branch and Autism Ambassador lead

Rachel Carter - Hampshire Autism Voice member

Cheryl Claxton - Head of Community Services, Autism Hampshire

Vanessa Cosby - Hampshire Autism Voice and Autism Ambassador administrator

Leigh Drury Early Years inclusion team leader and 0-5yrs Autism Lead, CSD, HCC

Alison Dyer - Disability Employment Advisor Lead for Solent and IOW, DWP

Mark Hewer - Disabled Childrens Team lead, District Manager, CSD

Sgt Emma Pragnell - Out of court disposals, Hampshire Constabulary

Su Seymour - Hampshire Autism Voice member

Helen Toomer-Jones - Autism Specialist Lead, Hampshire Hospital Foundation Trust (HHFT)

Michael White - Hampshire Autism Voice member and GP

Sallie White – Participation Officer, CSD, HCC

Cerys Williams - Hampshire Autism Voice member

Emma Meek - Strategic Lead Children's Care, HIOW ICB

Paul Richardson – Chair of Hampshire Parent Carer Network (HPCN)

Saricka March – Learning Disability Specialist and Neurodiversity lead for South Central Ambulance Service (SCAS)

Present for Input:

Caroline Marlborough - Head of SEND Partnerships and Strategy, CSD, HCC

Apologies:

Gemma LANGMAN - GP and Clinical Champion for Learning Disabilities and Autism

Sarah Banholzer - Regional Operations Manager Voiceability, Advocacy

Michelle Broughton - Senior Delivery Manager CYP Neurodiversity, HIOW ICB

Alienor Chartier - Equality, Diversity & Inclusion Officer, Hampshire FA

Cllr Lesley Meenaghan - Hampshire County Councillor

Diana Taphouse - Senior Delivery Manager (All-age Mental Health, Learning Disabilities, Neurodivergence) HIOW ICB

Paula Hallam - L and D Practice Excellence Manager, AHC, HCC

Alyson Miller - Hampshire Autism Voice member

Mandy Matley - L and D Manager, AHC, HCC

Tim Crowhurst - Engagement Officer, Healthwatch

David Howse – Intensive Support Manager, Great Minds Together

Mark Kingswood – County Education Manager & Education Autism Lead, CSD, HCC

Katie Board – IAG service manager, Autism Hampshire


Adele Brand - Team Leader, Voiceability

Raine Andrews - Disability Employment Advisor Lead for Solent and IOW, DWP



Andrew Lund - Area Director for NW & Autism Lead for Childrens and Families Dept, CSD, HCC


Agenda items:




1. Welcome and chairing today (Margaret White)
2. Introductions (Margaret White)
3. [Local Area Partnership and Transforming SEND update \(Caroline Marlborough\)](#)
4. [Hampshire Autism Voice Briefing Paper \(Michael White and Rachel Carter\)](#)
5. [Strategy updates overview including any queries re partner updates \(Zoë Beasley\)](#)
Break, refreshment and network
6. [Autism Act Committee](#)
7. [Hampshire Hospitals HHFT \(Helen Toomer-Jones\)](#)
8. [Content review requests \(Zoë Beasley\)](#)
9. [Disability Employment Charter - Signatories | The DEC \(Zoë Beasley\)](#)
10. [Any Other Business \(Margaret White\)](#)


Agenda Item	Subject	Action
1.	<u>Welcome and chairing today (Margaret)</u> Margaret welcomed the attendees and explained that Cllr Meenaghan has stepped down from her role as HAPB Co-Chair. Margaret thanked Leslie and welcomed the return of Cllr Fran Carpenter	
2.	<u>Introductions/ Minutes of last meeting and any matters arising/ HAPB actions</u> Introductions given by all Previous minutes were unavailable so will be circulated after the meeting. Action log reviewed regarding outstanding actions. - Updates included: <ul style="list-style-type: none">• Ongoing engagement with Koala and LeDeR,• Awaiting publication of service user survey from ICB,• Concerns about merging autism and learning disability in ICB structures.	
3.	<u>Local Area Partnership and Transforming SEND update (Caroline Marlborough)</u>  Autism Partnership Board update on LAPE Presentation given by Caroline Key Points covered:	<ol style="list-style-type: none">1. Caroline to provide short break data.2. Cheryl to liaise with Caroline to

<p>→ Overview of Local Area SEND Partnership Board (LAPB): Governance and strategy with three action areas: Education and Inclusion, Health, and Social Care. The LAPB strategy was co-produced following a detailed self-evaluation framework (SEF) piece in collaboration with HPCN.</p> <p>→ Strategic SEND Improvements: Co-produced strategy and action plan focusing on inclusion, transitions, specialist placements, and co-production across education, health, and children’s services.</p> <p>→ Progress Highlights: Expanded transition support, 240 staff trained in person-centred planning, 148 new specialist setting places opened, and inclusive practice embedded in 208 schools.</p> <p>→ Transforming SEND Programme (TSEND) Priorities: Tackling exclusions and attendance, expanding Team Around the School, improving service performance, and engaging youth in planning.</p> <p>→ Data & Impact: Hampshire oversees 15,994 EHCPs (3,514 which have Autism as primary need), 75.4% EHCPs completed within 20 weeks and SENCO Support Line shows strong impact with increased school confidence and over 600 calls since launch.</p> <p><u>Questions/reflections:</u></p> <p>> Margaret noted how much work is happening currently and that it is positive to see toolkits being produced to support teachers.</p> <p>> Paul explained that all SEF actions came from complete co-production and that it is important to note this. Within the LAPB, partners will update on their actions and be held to account for progress. <i>Caroline responded that historically it was not co-produced so wanted to ensure this happened while moving forward.</i></p> <p>> Jason noted that category management in social care has cross-overs, with a cohort of children that involve many departments with their care offering. It would be helpful to discuss further with Caroline to better understand the overlap between education and care services for children who receive support from both areas.</p> <p>> Fran asked about short breaks provision in respect of how much time families receive. <i>Caroline was not sure of the specific figure so will investigate and update the board.</i></p> <p>> Zoë raised the issue of secondary needs data within EHCP’s (Educational Health and Care Plans) not being reportable which makes is a challenge to truly identify the level of need for autistic people across the system. <i>Caroline acknowledged the challenge and noted that digital optimisation may help.</i></p> <p>Zoë also spoke of the importance of sharing positive stories as SEND can be seen as an issue with many negative messages, unfortunately all too often. How can the HAPB support getting those positive messages out?</p>	<p>promote SENCo support line.</p> <p>3. Jason to link with Caroline regarding category management link.</p>
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	<p><i>Caroline responded that the LAPB likes to emphasise what positive aspects are happening. Its partners are reminded at each board meeting about the importance of sharing best practice with members' respective teams and networks. This is the same for the HAPB, that is about ensuring that positive messages are sent to your stakeholders.</i></p> <p>> Cheryl explained that Autism Hampshire delivers school staff training so requested more information about the SENCo support line to share with Autism Hampshire trainers.</p> <p><i>Caroline responded that one of the areas of focus is to raise awareness of the helpline, so is keen to share info and share the message.</i></p>	
<p>4.</p>	<p><u>Hampshire Autism Voice Briefing Paper (Michael White and Rachel Carter)</u></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>HAV Briefing paper for the HAPB June 2020</p> </div> <div style="text-align: center;">  <p>Autism Act 2009 Committee Hampshi</p> </div> </div> <p>Overview of report given:</p> <ul style="list-style-type: none"> - Autism Ambassador Scheme: <ul style="list-style-type: none"> • Tenth Anniversary of the Autism Ambassador Scheme • Over 1300 ambassadors now trained. • Training package review almost complete. Training will now also include Double Empathy and details about Trauma Informed Care (TIC) – trialling new content in Romsey next week. - Mental Health and Autism Charter: Relaunch is in progress with the ICB and now includes Attention Deficit Hyperactivity Disorder (ADHD). At the next board meeting, there should be more information about which to update. - House of Lords Autism Act Review: Both HAV and HAPB independently submitted detailed evidence. HAV recommendations included targeted support, better data and comprehensive statutory guidance. - HIOW ICB withdrawal of their neurodiversity strategic lead - Concerns have been raised about the ICB's withdrawal of their neurodiversity lead role. Three clinical leads remain in place however concerns about complexity of autism that are added to more generic 'role profiles' meaning losing depth of knowledge. LD, ND and Autism Strategy – HAV queried about the progress of the proposed strategy. There are now many additional links between autism and other clinical diagnoses such as hypermobility and fibromyalgia which need to be considered. <p><u>Questions/reflections:</u></p>	<p>4. Emma Meek to obtain update on ICB ND strategy.</p> <p>5. Invite Emma to next HAPB to give update on MDT work.</p>

	<p>> Emma Meek assured the meeting that the Neurodiversity Profiling Tool is being reviewed, and that it is a small profiling tool within of a wider model.</p> <p>Emma also explained that a research paper by Portsmouth University has been published reviewing the Tool with recommendations. This paper’s findings will be looked at when creating the Hampshire Multi-disciplinary Team (MDT) to understand how it can be used in the most effective way. Emma offered to deliver an input about the profiling tool and MDT model at a future board meeting.</p> <p><i>HAV members stated that they were encouraged to hear this and keen to do the ND tool training to increase their depth of understanding.</i></p>	
<p>5.</p>	<p><u>Strategy updates overview including any queries re partner updates (Zoë Beasley)</u></p> <p> HAPB partner updates - June 2025.ppt</p> <p>HAPB Partner Updates key highlights:</p> <ul style="list-style-type: none"> • Hockley House launched as a pioneering residential setting for neurodivergent children with complex needs, marking a significant step in inclusive care. • Neurodiversity Intensive Support Team (0–25) mobilised by NHS HIOW ICB to provide targeted support for children and young people with complex needs. • Education and Health Collaboration: A webinar is being developed to standardise inclusive language across services, and post-16 support resources are being expanded. • Serendipity Groups received new funding, enabling Autism Hampshire to grow peer-led community support for autistic adults. Video of serendipity member showing impact groups make: Interview: Serendipity member Gary shares his autism journey and songwriting for The NoMen. • Hampshire & IOW Constabulary: Funding secured for additional Autism Ambassadors within the custody team. • System-wide challenges persist across services, including capacity constraints, data sharing limitations, and funding pressures. <p>Additional information provided ahead of or during meeting:</p> <ul style="list-style-type: none"> • Hampshire Football Association: The Hampshire Pan-Disability Football League are currently looking for new volunteers to join their committee and help them run the league and increase disability football in the county. No prior football experience is required, just a drive to want to make football more inclusive and accessible. If you're interested or know someone who might be, please read the attached League Committee Recruitment pack. If you have any questions, please get in contact with Rory our 	

	<p>Disability Football Development officer</p> <p style="text-align: center;"> League Committee Recruitment Pack.pdf</p> <p>" (Rory.Bentley@hampshirefa.com) "</p> <ul style="list-style-type: none"> • Learning & Development, HCC –. Have now delivered the first couple of Oliver McGowan tier 2 sessions, with our own training trio which have gone well. Here is a quote from one of the evaluations: “Fantastic and great to hear from someone who shared their lived experience. Very engaging throughout.” • HIOW ICB – Emma provided an update on the evolving neurodiversity pathway and structural changes within the ICB. She acknowledged the uncertainty caused by staff departures and restructuring but reassured the board that key workstreams are continuing to progress. <p><u>Questions/reflections:</u></p> <p>> Helen Toomer-Jones expressed interest as her role intersects from all age perspective and would be keen to link with Emma Meek.</p> <p>> Michael requested comparative evaluation with other national models and academic input to ensure best practice for the local MDT and ND Tool.</p>	
	<i>Break, refreshment and network</i>	
6.	<p><u>House of Lords Autism Act Inquiry Committee</u></p> <p>Autism Act 2009 Committee - Summary - Committees - UK Parliament</p> <p style="display: flex; justify-content: space-around;">  Autism Act committee - response  600-word_summary.docx </p> <p>Zoë gave overview of the House of Lords Autism Act 2009 inquiry which is reviewing the Autism Act and recent national autism strategies. The expectation is that findings will be collated and published, offering insight into whether local boards are aligned in their concerns and priorities. The main concerns submitted were:</p> <ul style="list-style-type: none"> • Lack of Implementation Plan: Since the strategy’s first year, no national implementation plan has been issued, making it difficult for local areas to align and measure progress. • Unclear Reporting Expectations: There’s a need for clearer national guidance on what local areas are expected to report on, making accountability for delivery vague. 	6. Send out the list of committee dates.

	<ul style="list-style-type: none"> • Call for Action Over Reviews: Emphasised that repeated reviews of autistic people's needs are unhelpful without action. The same issues, gaps in support, unmet needs, and family struggles are consistently raised. • Urgency for Delivery: The board urged that autism must move from being a stated priority to a delivered one, with tangible improvements in services and support. <p>Various oral evidence sessions are being held in Parliament by various national and local partners. Most recent sessions held were:</p> <ul style="list-style-type: none"> • 9th June – Focus on business and employment. • 16th June – Focus on criminal justice. • 23rd June – Upcoming session covering health, social care, and mental health, with speakers including Tom Cahill and representatives from Directors of Children’s and Adult Services. 	
7.	<p><u>Hampshire Hospitals – (Helen Toomer-Jones)</u></p>  <p>HAPB PPT - Small changes have a big in</p> <p>Presentation given by Helen</p> <p>Helen is the Autism Specialist Lead for the Hampshire Hospitals NHS Foundation Trust (HHFT). Her professional background includes working across many areas of health over 28 years in adult nursing, so has a broad overview and has lived experience of autism and ADHD.</p> <p>The current post started in Feb 2025 as a one-year secondment. The role is “strategic” rather than “practitioner” and is in place to influence others in strategic change to enhance experience, effectiveness of care, and safety of autistic individuals from an all-age perspective.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • Data Gaps: Helen highlighted inconsistencies in how autistic patients are identified in hospital systems. Many are not tagged correctly, and some are tagged without a formal diagnosis. This affects visibility and the ability to provide appropriate support. • High-Intensity Support Users: A significant proportion of high-intensity A&E users are autistic, yet very few have autism passports or reasonable adjustments recorded. • Reasonable Adjustments: There is confusion among staff about what constitutes a reasonable adjustment. Helen is developing internal resources, including a TrustNet page with sensory guidance, passport templates, and service links. • Policy Development: HHFT lacks a dedicated adult autism policy. Helen is drafting one and supporting the review of the children and young people’s policy. • LD and Autism Misconceptions – Still persistent issue around Autism being incorrectly being grouped with Learning Disabilities (LD) in hospital settings. Work is currently underway to strengthen strategic alignment across age groups within Hampshire Hospitals. 	7. Helen to check with Heather Mitchell regarding flag within spine.

Mark Morgan, Associate Director for Mental Health, is leading the development of a comprehensive all-age autism strategy, which is now under review. In parallel, collaborative efforts with Dr. Whitlingum are focused on updating the Children and Young People (CYP) policy to ensure it reflects current understanding and best practice in autism support.

- **Training and Culture:** Helen is supporting the rollout of Tier 2 Oliver McGowan training and advocating for identity-first language and trauma-informed care.
- **Quality Improvement (QI) & Future Plans** - A QI project is underway to coordinate autism-related work across the trust. There is a challenge in that Hampshire systems cannot link to the NHS national spine, preventing use of the national Reasonable Adjustment Flag effectively, but local solutions are being developed.
 - Call for lived experience input from partners.
 - Reviewing training including Oliver McGowan Tier 2.
 - Exploring National Autistic Society accreditation.
 - Planning an externally facing adjustments webpage for patients.

Question/reflections:

> Rachel stated the NAS South Hampshire branch would be happy to gather experiences that members have had, and Rachel also has personal experience that she is happy to share.

> Zoë asked whether the high-intensity user data included Accident & Emergency only attendances.

Helen clarified that her data was limited to inpatients and acknowledged the need for broader integration.

Zoë also asked if South Central Ambulance Service (SCAS) would be able to view the same systems to identify autistic individuals.

Saricka March discussed the challenges of system interoperability and the limited access that ambulance staff have to patient flags on their systems but happy to link up to see what could be improved.

> Michael asked for clarification about the Reasonable Adjustments not being accessible on hospital systems.


Can't link it locally – if created we can't add to main NHSE system.

Can do phase one but can't link to the spine

[NHS England - 4 Apr 2024 — Phase 1: identify, record, flag, share, meet, review reasonable adjustments at local level].

Michael also asked if staff would need to ask each time a patient attends if they are autistic then flag it in the system?

Helen responded that majority of children will automatically be recorded if formally diagnosed. For adults, often it may not be recorded on the system or disclosed. Staff are therefore encouraged to ask all patients if they need support to access care. Additional challenge is that inpatients have the right to decline access to their records, so approach needs to be more than relying on the system to tell them and be a general conversation.

	<p>> Saricka commented that with the systems, one of the problems is what information is on the flag, and how the trust picks it up. There is often a time delay before their system is updated. Within SCAS, not all call holders have access to the National Care Record Spine which is an additional challenge.</p> <p>Saricka asked that if a flag goes on system, does that show on medical records? We have found with staff that some people don't want their autistic diagnosis recorded on their medical records so creates hesitance.</p> <p><i>Helen recognised this is a complex issue as there is a need to ensure people have autonomy over what they want disclosed and the fear around their diagnosis being disclosed so needs to be thought about carefully.</i></p> <p>> Rachel explained (in chat) that it can be a challenge for autistic people to know what they need and may not know what is possible or reasonable.</p> <p><i>Helen agreed that much more regular reviews need to happen to understand how changes can affect someone's profile.</i></p>	
8.	<p><u>Content review requests</u></p> <p>Zoë asked the group to review following documents and feedback thoughts via email.</p> <p>whole school and teaching staff audits</p>  <p>ND script (003).docx</p>	8. Members to share feedback on document and script
9.	<p><u>Disability Employment Charter - Signatories The DEC (Zoë Beasley)</u></p> <p>Signatories The DEC</p> <p><i>Tabled on day</i></p>	
	<p>AOB</p> <ul style="list-style-type: none"> • Connect to Support Hampshire (CTSH) June update – details re the feedback survey on new site, Carers week and LD week • Skills for Care newsletter – inc. information about the MH Act reform, toolkit for carers needs, shared lives and health checks: • Workforce update for services that support people with a learning disability and/or autistic people • Words Matter – great video with a poem about how negative language impacts - https://youtu.be/X7odqHSVw90?feature=shared • Carers Trust - Identifying and supporting unpaid carers in England to improve integrated system working - Resources - Carers Trust • Carers UK - State of Caring 2025 survey - share your views – survey open until <u>10th August</u> 	

	<p>Research papers/reports:</p> <ul style="list-style-type: none"> • Preparing for adulthood - Think Local Act Personal (TLAP) – Report on PfA from Think Local Act Personal • Autistica > Autistic Neurodivergence and Transport Public-Transport-Report-2025.pdf • Best practice for autism referral and assessment - Best practice for autism referral and assessment Autistica • Anxiety in YP - Reducing anxiety for autistic young people - Autism research Autistica Autistica • NAS > Autistic travel - Empowering Autistic Travel (EAT) Research Report 26 Mar 25 17.08.pdf • Report re strategies - Just 37% of local councils have up-to-date autism strategies, and almost half overlook autistic adults' intimate lives, study finds Manchester Metropolitan University 	
	<p>Next meeting: 16th September</p>	

Local Area SEND Strategy

Update for Autism Partnership Board
July 2025



Introduction

- SEND Local Area Partnership Board ensures that services and support are joined up to maximise the benefits for children and young people.
 - Last year our self evaluation framework was co-produced, led by Hampshire Parent Carer Network.
 - Analysed what works well and where we need to improve.
 - Co-developed a Strategy and Action Plan for SEND - now available on the local offer.
 - Focussed on delivery of the actions identified.
-

Hampshire's Local Area Partnership Strategy

Our vision



Our action plan



Our success criteria

We will know we have succeeded when...

1. The views of children, young people and their families informs all our work.
2. Children, young people and their families can access the information and services they need when they need it.
3. Data is routinely shared, and we all work towards the same goals.
4. Children and young people with SEND are happy and have positive social relationships.
5. Young people with SEND increasingly live independently and gain meaningful employment.
6. There is a culture of support to families and carers.
7. Children and young people with SEND and their families can access services and support that meet their needs at the earliest point, without barriers.
8. The mental and physical health of children and young people with SEND compares positively with their peers.
9. Children and young people with SEND are engaged in their education within an inclusive environment.
10. Everyone in the system, works together to improve educational engagement.
11. A robust, resilient and skilled education workforce can meet SEND needs.
12. Children and young people with SEND and their parents are appropriately prepared for adult life from a young age.
13. There is sufficient provision to meet the needs of all Children and young people with SEND in Hampshire.

Our approach

We will achieve our vision through strong multi agency and parental partnerships, having a shared understanding of challenges and working together on solutions.

We will measure progress by...

1. Bringing together Health, Education and Social Care data.
2. Tracking and reducing the gap between outcomes for children and young people with SEND and their peers.
3. Annually canvassing parents about their confidence in the system.
4. Annually canvassing professionals about system improvements.
5. Listening to children and young people about what matters to them and acting on their views.

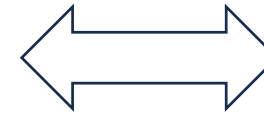
We will work together well by...

1. Collectively owning the issues.
2. Securing cross-partnership agreement to progress all actions.
3. Spreading the word, creating a system-wide understanding of our ambition.
4. Routinely seeking the voice of all children and young people with SEND.
5. Holding ourselves and each other to account on delivery of our action plan.
6. Monitoring our progress through our Local Area Partnership board.
7. Supporting and be honest with each other.
8. Asking for help to solve systemic problems.
9. Being critical friends for each other.
10. Reducing inequalities.

Strategic governance

SEND & AP Local Area Partnership Board

We will ensure our priorities remain aligned with other strategic partnership boards across the county.



Strategic Partnership Boards

Action Plan Delivery Boards

Improving the lives and wellbeing of CYP and their families

Providing timely health diagnostics and services

Improving educational engagement, support and practice in Education

Transforming SEND Hampshire

We will consult and inform partner led boards across the county about our action plans.



Partner-led Boards

Local Authority led

Children, young people and family led

Health led

Setting led

Giving children, young people and their families a voice.
improving cross system working.

Education and inclusion actions

Education are leading on 47 detailed actions, which can be found on the local offer website. These include;

- Improving inclusion across all education settings.
- Improvements to transitions.
- Needs-led training for schools, including person centred planning and teaching complex learners.
- Increased specialist placements.
- Preparation for adulthood.
- Improving outcomes and attainment for children and young people with SEND.
- An action plan for the use of alternative provision.
- Improving timeliness for EHCPs, annual reviews and waiting times for education services like portage and therapies.
- A focus on embedding co-production in everything we do.

Health actions

Health are leading on fifteen actions, covering:

- Primary Care (GP) services for young people preparing for adulthood.
- Waiting well.
- Improved capacity for healthy child programme checks.
- Statutory timeliness for continuing care assessments and health assessments for children in care.
- Consistent access to assessments and diagnostic services.
- The availability of musculo-skeletal and therapy services.
- Improving early identification of need and timeliness of response and reducing waiting lists for specialist mental health services.
- Supporting healthcare needs in schools.

Children Services actions

Eight actions are being progressed by children services, covering:

- Making information about advice and support available for families and young people not open to social care.
- Information and guidance on accessing breaks from caring and the range of short breaks for children and young people with a disability and their families.
- The availability of personal transport budgets.
- Wraparound care.
- Opportunities for children and young people with SEND to build relationships in the community.
- Opportunities for evidence based, joint commissioning arrangements.
- Social Care data availability.

Our work in 2025/6

Priority	Progress
Expand the Havant Transition to School Service to Basingstoke and Gosport.	<ul style="list-style-type: none">• 63 children had their needs met without the need for an EHC Plan
Access to Therapy – early therapy support alongside whole school interventions and training.	<ul style="list-style-type: none">• 73 children and young people across 7 schools
Train and coach school staff on Person Centred Planning.	<ul style="list-style-type: none">• 240 school staff trained
Expanding Special School and Resource Provision places in Hampshire.	<ul style="list-style-type: none">• 148 specialist places opened Sept 2024• 200 planned Sept 2025
Embed preparation for adulthood and improve post 16 sufficiency.	<ul style="list-style-type: none">• Post 16 ordinarily available provision guidance planned.• New recruit to pick up post 16 sufficiency.
Deliver the Alternative Provision Action Plan.	<ul style="list-style-type: none">• Alternative Provision framework in place, guidance for schools in place, Wider work on action plan underway
Embed inclusive practice across Hampshire education settings.	<ul style="list-style-type: none">• 58 schools started Attachment Research Community (ARC) audit• 208 schools/colleges registered with ARC

TSEND Priorities 2025/6

Priority	Progress
Improve attendance, prevent suspensions and exclusions.	Exploring suspensions sessions, Inclusion and educational Engagement hubs and new complex admissions panel launched.
Expand Team Around the School	Cohort one: 21 schools engaged from September 2024, support schools to tackle SEND and attendance related issues.
Develop the needs led training offer for schools.	Ordinarily available provision and SEN support guidance published, and webinars underway, SENCO development package underway, Hampshire inclusion and SEN standards being developed
Improving our performance and wait times for services.	Digital optimisation vehicle for performance improvement in SEN, alongside reducing educational psychology advice backlog and learning through auditing plans. Opportunity through the local area partnership board to encourage health and social care to use the hub.
Embedding co-production.	Youth forum in place, wider work to engage children and young people in our work and planning underway.

Data Update

Published SEN2 data Jan 2024- still awaiting updated SEN2 data- expected this week.

- Hampshire holds responsibility for 15,994 EHCPs
- Timeliness of our 20-week process for 2024: 75.4%

Unpublished

- 3514 of CYP with an EHCP have Autism as their primary need.
- SENCO support line
 - Provides advice and guidance to schools (primarily SENCOs) on supporting children and young people with SEND in mainstream classrooms.
 - Focussed on children who do not have an EHCP.
 - SEN Support toolkit resources sit alongside the support line.
 - **Call volumes**
 - The number of calls received from Hampshire in May '25 = 30 calls.
 - Average number of calls per month since September '24 = 35 calls
 - Over 600 calls received since launch
 - **Impact**
 - Strong evidence that schools feel more confident after contacting the helpline, with 100% stating that confidence levels increased because of the call. All callers report that they will be implementing the advice given at a near 100% return rate.
 - 100% of callers providing feedback would recommend the service to a colleague or peer and 93% say that the advisor suggested things that the caller had not already considered.
 - Qualitative feedback received in May 25 includes:
“Helpful and suggested a range of things that would support the pupil. Really helpful advice and very knowledgeable”
and *“I was really impressed with how quickly the team got back to me and how they were able to suggest things to try without knowing the school or the child. The member of staff is really pleased to try something new.”*

How can you find out more?

Read the Self Evaluation, Strategy and Action Plan

[Family Information and Services Hub: Local Area Partnership](#)



Hampshire Autism Voice (HAV) Update Brief to Hampshire Autism Partnership Board (HAPB)

Tuesday 17 June 2025

The following update from HAV covers their activities since March 2025.

1	Autism Ambassadors	1
2	HAV membership	1
3	Hampshire Carer's Partnership (HCP) & Board	1
4	Personalisation Expert Panel (PEP).....	2
5	Autism Steering Group.....	2
6	HIOW ICB withdrawal of the medical neurodiversity lead post.....	2
7	House of Lords Committee Autism Act 2009 call for evidence.....	2
8	Hampshire Parent Carer Network (HPCN) involvement with HAPB, HAV and ASG.....	3
9	Local Groups feedback	3

1 Autism Ambassadors

HAV is a partner in this scheme along with Hampshire County Council (HCC), Southampton City Council, Portsmouth City Council, Isle of Wight Council, Autism Hampshire and NAS South Hampshire branch.

- One training session has been delivered since the March HAPB meeting. This was an online training session that took place in May adding a further 11 people appointed as Ambassadors, bringing the total to 1333. A further in-person course is scheduled in June in Romsey.
- Two Ambassador networking meetings took place on 31 March, an afternoon in-person session and an online evening session. 37 Ambassadors attended in total. Topics discussed included careers guidance and employment, school refusal and PDA, help for claiming PIP, and what Hampshire Constabulary are doing to train their staff.
- The 2025 annual conference will take place on 6 November at Ashburton Hall. We are looking for speakers.
- Membership renewal for 25/26 will began in April and so far, 166 people have renewed, bringing the total funds raised this year to £1,100.
- The training material is currently being updated, and a new version will be available shortly.

2 HAV membership

Since the last HAPB in March, we have welcomed two new members to HAV, who have replaced two departing members. Cerys Williams works for SCARF (Supporting Children with Additional needs, Relatives and Friends) in the New Forest and has a degree in Health Science. Julian Richens has a post-graduate certificate in Autism and has worked at several specialist schools. We are in the process of appointing a third new member.

3 Hampshire Carer's Partnership (HCP) & Board

Three HAV members represent us on this Partnership, including its Partnership Board.

Unfortunately, the HCPB on the 18th March clashed with the HAPB meeting. The next Carers Board meeting is on 11th June.

3.1 Carer's sub-group update:

The 8th April meeting HAV members could not attend. The 3rd June meeting was cancelled.

3.2 Carers Learning Disability (LD) working group

- Jason Norum gave an update on AHC including staff changes and their new responsibilities. He was asked about increased costs in supported living, Day Care Services and respite.
- Possible amalgamation with the Complex Needs Group to reduce duplication.
- Devolution and the Reorganisation of Local Government (RLG) concerns over Hampshire facilities being absorbed into other areas, e.g. Orchard Close Hayling Island.

4 Personalisation Expert Panel (PEP)

Our HAV representatives regularly attend the monthly PEP meetings. During recent meetings the following topics were discussed:

- There is a continuing discussion about the future of the Personalisation Expert Panel. One main proposal is to change name to Personalisation Expert Partnership. The membership of the attendees to the future “new” PEP was discussed. It was also proposed to change the frequency of PEP meetings to bi-monthly meetings. The intervening months may have meetings when required for specific projects.
- Co-production still very much on the agenda
- “Make a Difference Award” for co-production in honour of John Evans OBE has been approved by Jess Hutchinson.
- There was an AHC Update from Jess Hutchinson focussing on future developments such as Devolution and the Local Government Reorganisation (LGR)
- New PEP membership form has been distributed to PEP members for comment or amendment
- Ian Loynes is retiring from SPECTRUM and plans to step down as a PEP member.

5 Autism Steering Group

Several HAV members attend the ASG. Since the last HAPB, the following topics were discussed:

- HIOW ICB terminated the post of Autism Lead at the end of March. This is of significant concern as the ICB need clinicians to be properly involved with and fully understand neurodiversity and autism. See item 6 below.
- Catherine Barnard has left the ICB on 23rd May 2025. There will be no ICB representative at ASG going forward. We acknowledge all the work that she has done relating to autism in Hampshire and the Isle of Wight.
- John Bramley from HCC Transport spoke about the reduction in transport for SEN children.
- The Portsmouth Neurodiversity tool was discussed. Hampshire multidisciplinary team are looking to use this. There are concerns that they will use it as a replacement for formal assessment.

6 HIOW ICB withdrawal of the medical neurodiversity lead post

HIOW ICB terminated Dr Gemma Langman’s role as ICB Neurodiversity and Autism Lead at then of March 2025. We understand that there are three individuals whose roles have been extended to cover Gemma’s former role. Our understanding is that these individuals do not yet have specialist or in-depth experience in neurodiversity, compared with Gemma’s experience.

HAV are drafting a response on behalf of HAPB to ICB’s Chief Executive Maggie Maclsaac and copied to the ICB’s Chief Medical Officer which will draw attention to:

- the importance of the clinical role that focusses in depth on autism and neurodiversity
- the ICB’s statutory responsibility to reduce health inequalities which a significant number of autistic people experience
- the work of the ICB relating to autism will be restricted by the departure of Gemma Langham and her former role
- the ICB is in the process of writing an updated learning disability, neurodiversity, and autism strategy, which requires an understanding of the issues relating to autism and neurodiversity especially for individuals without a diagnosis of learning disability
- Potential Care Quality Commission (CQC) scrutiny during ICB inspections, as the CQC has published documents about autism
- about the requirements of statutory guidance for NHS bodies

7 House of Lords Committee Autism Act 2009 call for evidence

In April the House of Lords Autism Act 2009 Committee launched its Call for Evidence inviting written contributions to its inquiry. The Committee wants to understand how well the Autism Act, the Government’s

autism strategy and the statutory guidance are working so that it can make specific, practical recommendations about what the Government should do next. HAV have sent in a response to the questions that are relevant to Hampshire and to HAV member's experiences. We submitted a list of Hampshire's many achievements, most of which have been facilitated by the requirements of the Autism Act and subsequent statutory guidance. These include the Autism Ambassador programme, the Hampshire Mental Health Charter for people on the autistic spectrum, and the co-produced Hampshire All-age Autism Strategy. We mentioned information about data, the importance of differentiating between autism with LD and autism without LD, and improved provision of autism specific support.

Our conclusion includes:

- There have been positive developments in autism support in Hampshire
- The Autism Act 2009 and subsequent statutory guidance have significantly facilitated these developments, which otherwise would not have occurred.
- Significant challenges remain concerning data collection, healthcare access, education, and employment.
- HAV strongly recommends continued efforts to improve the lives of autistic individuals through better understanding, targeted strategies and updated statutory guidance.

8 Hampshire Parent Carer Network (HPCN) involvement with HAPB, HAV and ASG

One of our members attended the HPCN AGM on 30th April. The turnout was low; the content was good and included autism and Downs Syndrome presentations.

HPCN has a different governance and perspective compared with HAV. HPCN represents a far broader range of parents and is not autism or neurodiverse specific. Unlike HAV, HPCN can sign and manage contracts, and undertake projects. A recent example is its PINS contract with the HIOW ICB. PINS stands for Partnership for Inclusion Neurodiversity in Schools (PINS). This project aims to strengthen relationships and help shape SEND support in selected schools for all neurodivergent students.

9 Local Groups feedback

HAV members continue to be involved or in touch with many autism support groups across the county. The latest information includes:

National Autistic Society South Hampshire Branch (www.shantsnas.org.uk)

NAS volunteers from the branch were volunteer stewards at the recent relaxed performance of the Mayflower Theatre pantomime.

The Branch's 20th anniversary is an all-day Autism Seminar event with two autistic speakers Dr Rachel Moseley and Nat Hawley. Tickets are available on their website.

Planning further trips to Wet Wheels, Marwell Zoo, Watercress line and Winchester Science Centre.

They now have just under 1000 individual members.

SCARF (Supporting Children with Additional needs, Relatives and Friends)

The SCARF annual report has been released which outlines its achievements in 2024:

6 Different Holiday Programmes with 88 activities in total

- 38 Youth Club Sessions
- 29 Multi Sports Sessions (for 2 age groups, 7-17's and 18-25's)
- 34 Drama Sessions
- 9 Scarf 2 activities
- 5 Parent/carer get-togethers/sessions
- 118 families joined up as Scarf members (including 27 new members)
- Almost £42,000 fundraised this year (grants/donations).
- 7 Monthly Art Sessions with Spud in Sway



Autism Support Group in Totton

This group, run by Youth and Families Matter (YFM), a community project of Testwood Baptist Church, is being well attended.

Friends of In Touch (www.friendsofintouch.org.uk)

Continue to support children and young people in their weekly youth clubs, and a young adults' social group. This is the organisation's 20th year and currently has funding from the National Lottery for another 4 years.

The Zone, Farnborough

Zone In sessions for children and their families, once per month and in the school holidays.

Supportive Parents of Asperger Children Everywhere (SPACE) (Havant)

Monthly group continues to meet at the Heron pub in Leigh Park.

June 2025

Summary

1. This document discusses the response of Hampshire Autism Voice (HAV) within the Hampshire Autism Partnership Board (HAPB), emphasizing the importance of involving autistic individuals and their families in the planning and delivery of autism services.
2. **Hampshire Autism Voice (HAV)**
 - HAV is a group consisting of autistic individuals and their families to ensure that their voices are heard in autism-related matters. It engages in co-production to influence service planning and monitoring for autistic individuals in Hampshire.
3. **Evidence about autistic individuals**
 - The document highlights the lack of reliable national data regarding the number of autistic individuals in England, as there is no formal national, regional or local mechanism to access NHS general practice registers consistently and regularly. The NHS records contain demographic information, although concerns exist regarding their accuracy. A study commissioned by HAPB in 2019 revealed significant geographical and age-related variations in autism prevalence across Hampshire.
 - **Prevalence data:** The prevalence rate varied from 298 to 891 per 100,000 population across different Clinical Commissioning Group (CCG) areas. The highest prevalence was found among teenagers.
 - **General practice autism registers:** These registers remain the most accurate database available nationally
4. **Changing needs and evidence**
 - The document notes that the recognition of autism is increasing, leading to higher reported prevalence rates.
 - The National Pupil Database has been utilised to analyse autism prevalence among school-aged children.
5. **Autistic individuals' needs**
 - Numerous surveys and research studies have been conducted to identify the needs of autistic individuals.
 - In Hampshire, HAV and the NAS South Hampshire Branch have carried out consultations focusing on mental health and access to services.
6. **Key findings**
 - **Mental health:** A consultation led to the Hampshire Mental Health Charter for autistic individuals, launched in 2020.
 - **Quantitative changes:** There has been a notable increase in requests for formal autism diagnostic assessments.
7. **Government's role and evidence needed**
 - The document stresses the need for the government to link various data sources to inform policymaking.
 - It suggests using the general practice autism register to analyse how autistic people utilise and experience the NHS and local authority Children's and Adult services.
 - Programmes already in place that could be utilised include the Core20Plus5 programme and the Getting It Right First Time (GIRFT) programme.

8. Challenges

- The document identifies challenges related to information governance and the sharing of personal data.
- It proposes that the government should both prioritise health inequalities, as they relate to autistic and neurodiverse individuals, and develop a structured approach to data gathering for autistic and neurodiverse communities.
- It proposes the development of consistent Quality Assurance criteria that are developed nationally. The Care Quality Commission (CQC) would be responsible for operating the Quality Assurance process utilising an updated Self-Assessment Framework (SAF) process.

9. Autism Act 2009 and its impact

- The Autism Act 2009 has led to several initiatives in Hampshire, including the establishment of HAV and the Autism Ambassador scheme, which has trained over 1200 individuals.
- The document notes that while local authorities respond differently to statutory guidance, the Act has significantly facilitated the development of autism strategies in Hampshire.

10. Effectiveness of government strategies

- The effectiveness of the government's approach in setting policy aims and funding actions is questioned.
- The document suggests that the Autism Act could be updated to include:
 - i. Other neurodiverse conditions including attention deficit hyperactivity disorder (ADHD), although each condition would need specific paragraphs about the requirements relating to their unique characteristics
 - ii. A wider range of statutory bodies including NHS England, the Care Quality Commission, NHS Digital, Commissioning Support Units and other arm's length bodies.

11. Community support and healthcare

- Access to community support remains a challenge, particularly for autistic individuals without learning disabilities.
- The document highlights the need for staff training in healthcare settings to improve support for autistic individuals.
- Primary care social prescribers could help facilitate the reduction of social isolation for autistic individuals

12. Improving healthcare

- Recommendations include longer appointment times, appropriate communication methods tailored to the autistic individuals' needs, and the continued implementation of the Reasonable Adjustment Framework programme.

13. Education and employment

- The document discusses the barriers faced by autistic children and young adults in accessing education, emphasizing the need for better support systems, in educational establishments.
- Transitioning to adulthood presents additional challenges, with a lack of involvement from parents in adult services due to confidentiality concerns.

14. Employment challenges

- Autistic individuals face difficulties in finding and maintaining employment, often due to negative attitudes towards reasonable adjustments in the workplace.
- Some organisations are making strides in recognizing these challenges and improving recruitment processes.

15. Conclusion

- There have been positive developments in autism support in Hampshire
- The Autism Act 2009 and subsequent statutory guidance have significantly facilitated these developments, which otherwise would not have occurred.
- Significant challenges remain in data collection, healthcare access, education, and employment.
- HAV strongly recommends continued efforts to improve the lives of autistic individuals through better understanding, targeted strategies and updated statutory guidance.

Hampshire Autism Voice (HAV) is the group of Experts by Experience (autistic person or parent/carer of an autistic person) established within the Hampshire Autism Partnership Board (HAPB).

HAV has been developed to give a voice and active involvement to autistic people, their parents and carers within the HAPB and associated workstreams. Through co-production, HAV actively participates in the planning, delivery and monitoring of services for children, young people and adults with autism living in Hampshire.

Website <https://www.hampshireautismvoice.org.uk/>

Section A: Evidence about autistic people and what they need

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

Question	HAV response
<p>Question 1 a) What evidence is there about the numbers of autistic people (diagnosed and undiagnosed) in England and their demographic characteristics (for example, age, gender or ethnic background)?</p>	<p>The most reliable data is located in the NHS general practice registers, if each individual’s diagnosis is accurately recorded in the correct SNOMED CT (Systematized Nomenclature of Medicine Clinical Terms) code. These records will include age and gender for each individual. Ethnicity will be recorded for the majority of patients in general practice although there are concerns about the accuracy, e.g. recorded as “other”, patient opted out, or not at all.</p> <p>There is no formal national mechanism to regularly access these registers and produce up-to-date numbers of autistic people, for example on a quarterly basis.</p> <p>The National Institute for Health and Care Excellence (NICE) has published an indicator for use in general practice for autism, entitled, “Autism: register”, NICE indicator IND175, published 31st July 2017. This indicator covers establishing and maintaining a register of all patients on the autistic spectrum. It measures outcomes that reflect the quality of care or processes linked by evidence to improved outcomes.</p> <p>Hampshire Autism Partnership Board commissioned NHS South Central and West Commissioning Support Unit to undertake a study into the prevalence of autism in Hampshire and the Isle of Wight including Portsmouth and Southampton in 2019 using the local Care and Health Information Analytics (CHIA) database. There was a wide variation in the prevalence of autism both geographically and by age. There was a wide variation in the prevalence of autism ranging from Fareham and Gosport Clinical Commissioning Group (CCG) area at 298 per 100,000 population to the Isle of Wight CCG area at 891 per 100,000 population.</p> <p>There was a wide variation between different age groups for</p>

Question	HAV response
	<p>the total of all CCG areas. “Teenager” (16 & 17 yr) was highest with prevalence of 1750-1846 per 100,000 population (1.75%-1.85%) which suggests a good detection rate (or over-diagnosis), followed closely by Young Adult (18-25yr) at 1632 per 100,000 population.</p> <p>It may be that the real prevalence was 1.75-1.85% and the high prevalence in the “Teenager” (16 & 17 yr) age group was due to a higher identification and diagnostic rate, rather than the then currently accepted rate of 1.1%.</p> <p>The prevalence of 17 per 100,000 population in older people was extremely low and is likely to represent the different diagnostic criteria and lack of autism assessment facilities for this population when they were younger, dating back to the 1940s, 1950s and 1960s.</p>
<p>Question 1 b) How is the evidence on the numbers of autistic people (diagnosed and undiagnosed) in England and their demographic characteristics changing over time?</p>	<p>The evidence appears to be that the prevalence is increasing, although this may reflect the increasing recognition of what would have been undiagnosed autism in the past.</p> <p>The National Pupil Database (NPD) is a database controlled by the Department for Education in England, based on multiple data collections from individuals aged 2-21years in state funded education and higher education. This has been used in the past to analyse the prevalence of autism, and a key paper was published by Andres Roman-Urrestarazu and others in the JAMA Paediatrics in March 2021 entitled “Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England”. (Ref <i>JAMA Pediatr.</i> doi:10.1001/jamapediatrics.2021.0054).</p>
<p>Question 2 a) What evidence is there about what autistic people need from the Government and public services and the most important policy issues for autistic people and their families/carers?</p>	<p>There have been numerous surveys and pieces of research that have been published for many years. These may be national or regional.</p> <p>Here in Hampshire, Hampshire Autism Voice and NAS South Hampshire Branch have undertaken several surveys to more accurately understand local autistic issues. In October and November 2016, the branch carried out a consultation about the way in which mental health affects autistic children and adults, and accessing services in Hampshire in the last 3 years. This initially resulted in a film and a report.</p> <p>A second consultation, about the wording of a proposed Mental Health Charter, was held in late 2019. As a result, the Hampshire Mental Health Charter for people on the autism spectrum was launched on 20 February 2020. A number of prominent local organisations who provide mental health</p>

Question	HAV response
	services signed up immediately. Link https://www.shantsnas.org.uk/consult .
Question 2 b) How is this changing over time?	The qualitative needs have probably changed little. Quantitatively, there have been significant increases, for example in requests for a formal autism diagnostic assessment.
Question 3 a) What new evidence does the Government need in order to make new policies and to plan services for autistic people?	<p>There is much evidence available that needs to be linked up across various data siloes. NHS data siloes include general practice records and nationally mandated Data Sets. Relevant (for autism) nationally mandated Data Sets include the Mental Health Services Data Set (MHSDS), Emergency Care Data Set (ECDS), Community Services Data Set (CSDS), Hospital Episode Statistics (HES), and Integrated Urgent Care Aggregate Data Collection (IUCADC including NHS111) Statistics.</p> <p>The risk is that new surveys will replicate the findings of previous surveys and delay progress in the meantime. Another way forward could be to:</p> <ol style="list-style-type: none"> 1. Take the general practice autism register and use it to analyse how autistic people utilise and experience the NHS and local authority Children's and Adult services. 2. For example, analysis of the Mental Health Services Data Set (MHSDS) and Improving Access to Psychological Therapies (IAPT) Data Set would enable us to understand some of the mental health challenges that autistic individuals experience and how these compare with neurotypical individuals using the same service. 3. Our perception is that data must start focusing firstly on each individual citizen and be collated for that unique individual, from many different relevant NHS and local authority data sets. That data should be pseudonymised. 4. These individual pseudonymised records for the group or groups of people of interest, e.g. all individuals on the general practice autism register can then be pooled into a data set. 5. This data set can be analysed in ways that can enable a more nuanced understanding utilising the coded data which has been pulled together from many databases, 6. The aim would be to start to understand the inequalities experienced by autistic people, in comparison with non-autistic or neurotypical people. 7. There are challenges to this approach, especially information governance, and service user acceptability about sharing their own personal data. <p>Such a system need not be confined to autism, and could include any nominated health groups including specific disease groups such as dementia, those experiencing health</p>

Question	HAV response
	<p>inequalities, or as defined by protected characteristics (Equality Act 2010)</p> <p>This raises three questions:</p> <ol style="list-style-type: none"> 1. Is it now feasible to develop an easily accessible interactive tool that would use GP diagnostic registers to analyse the activity of the population of a chosen diagnostic register in both the NHS and local authority statutory services? 2. Has there been any progress in recording of local authority adult and children service, housing and safeguarding service activity based on SNOMED codes and the development of an Information Standard? 3. Who would have the necessary authority to support, fund and implement such changes?
<p>Question 3 b) Who should collect this evidence?</p>	<p>Ideally this should be done nationally. It could be achieved under the umbrella of “health inequalities”.</p> <p>This would be a complex multi-team project, which would need both high-level senior involvement, support and encouragement, as well as adequate funding.</p> <p>It is currently unclear who would have ownership of such a project as such a team would require both clinical skills and data analytic skills, for example, a Chief Clinical Information Officer or a Chief Information Officer.</p> <p>The proposed forthcoming merger of the Department of Health and Social care (DHSC) with NHS England would be a good opportunity to require the development of a structured approach to data gathering for selected groups of people who experience health inequalities, including autistic communities.</p> <p>The Core20Plus5 programme could be utilised.</p> <p>Core20Plus5 programme in outline:</p> <ol style="list-style-type: none"> 1. Core20: The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health. 2. PLUS: PLUS population groups should be identified at a local level. Populations we would expect to see identified are ethnic minority communities; people with a learning disability and autistic people; people with multiple long-term health conditions; other groups that share protected characteristics as defined by the Equality Act 2010; groups experiencing social

Question	HAV response
	<p>exclusion, known as inclusion health groups coastal communities (where there may be small areas of high deprivation hidden amongst relative affluence).</p> <p>3. Areas of focus (adults): There are five clinical areas of focus which require accelerated improvement. Governance for these five focus areas sits with national programmes; national and regional teams coordinate activity across local systems to achieve national aims. These are</p> <ol style="list-style-type: none"> i. Maternity, ii. Severe mental illness (SMI), iii. Chronic respiratory disease, iv. Early cancer diagnosis v. Hypertension case-finding and optimal management and lipid optimal management. <p>4. Areas of focus (children): The final part sets out five clinical areas of focus. The five areas of focus are part of wider actions for Integrated Care Board and Integrated Care Partnerships to achieve system change and improve care for children and young people. Governance for these five focus areas sits with national programmes; national and regional teams coordinate local systems to achieve aims. The five areas of focus are:</p> <ol style="list-style-type: none"> i. Asthma, ii. Diabetes, iii. Epilepsy, iv. Oral health v. Mental health. <p>5. Comment:</p> <ol style="list-style-type: none"> i. Autism clearly needs to be added properly and included at some time in the near future, as there is a clear premature mortality gap of 15-20 years. As this overlaps with Severe Mental Illness, it may be beneficial to analyse autism prevalence within each of the above five '5' areas of focus. ii. Autism is explicitly mentioned in the epilepsy inequality, and it is recognised that the prevalence of epilepsy in autism is well above the prevalence in a matched neurotypical population. <p>6. Moving forward:</p> <ol style="list-style-type: none"> i. There should be an analysis of the prevalence of neurodiverse conditions

Question	HAV response
	<p>including autism, and learning disability in the 'Core20' target population, the 'Plus' population and the '5' key clinical areas of health inequalities. Such insights may help understand how to improve the health of these groups experiencing health inequalities.</p> <ul style="list-style-type: none"> ii. In the medium term, the adult autistic population should have a focus as well. iii. In the medium term, the autistic children and young people population should have a focus as well. <p>Getting It Right First Time (GIRFT) programme</p> <ol style="list-style-type: none"> 1. GIRFT describes its functions as, "GIRFT is designed to improve the quality of care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings". 2. Our impression is that GIRFT would be of immense value in facilitating the pathway of individuals with autism and neurodevelopmental diagnoses especially around the diagnosis pathway and post-diagnosis. 3. The journey to a fully operational GIRFT autism programme will require many building blocks. Firstly, the data coding infrastructure will need significantly overhauling. Secondly, front line clinicians have little enthusiasm for coding and health informatics, as it is perceived as an additional time and cognitive burden without any tangible reward or benefit. Thirdly, many providers of post-diagnostic services are in the voluntary sector or are sub-contractors who may not have the IT infrastructure or resources to feed into GIRFT. 4. Such processes could usefully be included in future strategies and future statutory guidance.

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

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

Question	HAV response
<p>Question 4</p> <p>a) In what ways have the Autism Act 2009 and successive Government autism strategies been successful or unsuccessful in improving support for autistic people?</p>	<p>Hampshire has seen several initiatives developed to help raise acceptance and understanding of autism. It is unlikely these would have developed without the underpinning of the Autism Act 2009 and more specifically statutory guidance. These developments include:</p> <ul style="list-style-type: none"> • The Hampshire Autism Partnership Board • The establishment of Hampshire Autism Voice (HAV) • The Autism Ambassador scheme, which has trained over 1200 ambassadors since 2015 • Local Autism Directory • Serendipity groups: The groups are peer led groups for autistic adults with a diagnosis, on the pathway to a diagnosis or consider they are autistic. • The Carers Partnership & the Hampshire Carers strategy and Carers Charter • The Hampshire Mental Health Charter for people on the autism spectrum • Parent/carers support through Hampshire Parent Carer Network, National Autistic Society and Autism Hampshire. • Development of an Autism Awareness e-Learning programme that is available for all to access. • All staff in HCC Adults' Health and Care community teams and HCC Adults' Health and Care younger adult services receive autism training. • There is also a variety of training programmes on the Hampshire Safeguarding Adults Board (HSAB) to aid understanding of the vulnerabilities autistic individuals may encounter. • All staff in Children's Services have various available training programmes on autism and neurodiversity. • Various early years and Children's Services training programmes via Autism Education Trust (AET), Hampshire Inspection and Advisory Service (HIAS), Hampshire and Isle of Wight Educational Psychology (HIEP) & Hampshire Safeguarding Children Partnership (HSCP). • Continuing development of the reasonable adjustment flag in healthcare for autistic individuals (recently piloted in a Hampshire practice) • Hampshire County Council Prevent Team published the Hampshire Prevent and Autism

Question	HAV response
	<p>Strategic Plan April 2022 – March 2026</p> <ul style="list-style-type: none"> • Promotion of various autism access and alert cards, e.g. Autism alert card app and sticker, gateway card, railway travel assistance card and the sunflower lanyard. <p>Hampshire Autism Partnership Board has been involved in at least three local Hampshire Autism strategies, all of which were significantly co-produced.</p> <ol style="list-style-type: none"> 1. Hampshire Adult Strategy 2012-2015 2. Autism Strategy for Children and Young People in Hampshire 2014-2017. 3. Hampshire All-Age Strategy published 2023 <p>The most recent All-Age strategy involved a Hampshire wide survey and six Task and Finish Groups, which mirrored the six national strategy groups.</p> <p>It is hoped that these developments and strategies have improved and will continue to improve the quality of life for autistic people in Hampshire.</p>
<p>Question 4 b) What are the reasons for this?</p>	<p>Local authorities and NHS bodies do respond to statutory or legally binding differently to non-binding guidelines, especially when resources are extremely limited.</p>
<p>Question 5 a) How effective has the Government’s approach been to:</p>	
<ul style="list-style-type: none"> • setting policy aims in each autism strategy; 	
<ul style="list-style-type: none"> • funding and implementing actions to achieve those aims; and 	
<ul style="list-style-type: none"> • evaluating progress? 	
<p>Question 5 b) Should the Government do this differently in future? If so, how?</p>	<ol style="list-style-type: none"> 1. The Autism Act could be updated to include all neurodiverse conditions including attention deficit hyperactivity disorder (ADHD), foetal alcohol syndrome, etc. Each of the conditions would need specific paragraphs about requirements relating to their unique characteristics. 2. Review data, for example, from the Core20Plus5 program, which specifically includes autism within its remit.
<p>Question 6 a) How effective has statutory guidance</p>	<p>Hampshire has seen several initiatives developed to help raise acceptance and understanding of</p>

Question	HAV response
<p>to the Autism Act 2009 been in improving support for autistic people?</p>	<p>autism. It is unlikely these would have developed without the underpinning of the Autism Act 2009 and more specifically statutory guidance.</p> <p>These developments are listed in the answer to Q4 (a) earlier.</p>
<p>Question 6 b) To what extent are the NHS and local authorities achieving the duties set out in the statutory guidance?</p>	<p>Difficult to assess unless there is a clear means of listing the duties and measuring the outcomes.</p>
<p>Question 6 c) How could the statutory guidance be made more effective?</p>	<ol style="list-style-type: none"> 1. Focus more on the responsibilities of NHS bodies. For example, ensuring that Integrated Care Boards have appropriate clinical leadership. Such clinicians must understand neurodiverse conditions including autism. They need the ability, skills and training to effectively analyse how the autistic population accesses local health services including primary, community, secondary and tertiary services. Statutory guidance could define the in-depth skills required of at least one clinical leader, responsible for neurodiversity in each NHS body. The Care Quality Commission could audit this in-house responsibility. 2. Reinstate and update the Self-Assessment Framework (SAF), which was last done about 2018, and integrate with quality assurance criteria. 3. Have two versions of SAF, one for local authorities and non-NHS partners to jointly complete; and a second version for NHS Integrated Care Boards and other health bodies to complete. 4. Appoint the Care Quality Commission (CQC) to oversee the SAF process, ensuring that all necessary organisations complete and return the SAF questionnaires. 5. Consider the inclusion of NHS “arm’s length bodies” within its remit, for example, the Commissioning Support Units (CSUs), Care Quality Commission, NHS England, NHS Digital (or its successor who has inherited its duties and functions), National Institute for Health and Care Excellence (NICE), Healthwatch England, Healthcare Services Safety Investigation Branch (HSSIB), Health Research Authority, etc 6. Include a new section that sets out the data requirements to be able to understand more

Question	HAV response
	fully the epidemiology of autism and how autism is represented in different data sets. 7. Refer to Core20Plus5 programme and how autistic people are represented in the chosen areas of focus. 8. Develop Quality Assurance criteria
Question 7 a) What processes are there for holding national and local bodies (including the Government, the NHS and local authorities) to account for progress against the autism strategy and statutory guidance?	In theory, local authority Health and Adult Social Care Scrutiny Committees (HASC) can oversee local NHS bodies, however this a very unwieldy and time-consuming process. The Care Quality Commission (CQC) has the powers to inspect health and social care bodies, for whom they have a statutory duty. The CQC has recently been required to inspect local authorities and Integrated Care Boards.
Question 7 b) How could those processes be made more effective?	<ol style="list-style-type: none"> 1. Inclusion of individuals with lived experience of autism and their family members. 2. Care Quality Commission (CQC) oversight of local authorities and NHS bodies for whom they have a statutory duty to inspect. These could include aspects of care relating autistic and neurodiverse individuals. 3. Consistent Quality Assurance criteria that are developed nationally. The Care Quality Commission (CQC) could be responsible for operating the Quality Assurance process utilising an updated Self-Assessment Framework (SAF) process.

Section C: The Government’s priorities

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

Overview

Question	HAV response
Question 8 In this question we are asking about what the Government should prioritise to improve autistic people’s lives.	

<p>Question 8</p> <p>a) The autism strategy for 2021 to 2026 says that the Government plans to take action to improve autistic people’s lives across six priority areas:</p> <ul style="list-style-type: none"> • improving understanding and acceptance of autism within society • improving autistic people’s access to education, and supporting transitions into adulthood • supporting more autistic people into employment • tackling health and care inequalities for autistic people • building the right support in the community and supporting people in inpatient care • improving support within the criminal and youth justice systems. 	
<p>Do you think that they are the right priority areas? Why or why not?</p>	<ol style="list-style-type: none"> 1. Most priority areas are right. One priority area needs splitting into two separate categories. One additional priority area for data is essential and would be beneficial 2. The issues about these priority areas conspicuously emerged while Hampshire was developing its “All-age” autism strategy. 3. The priority area “building the right support in the community and supporting people in inpatient care” needs to be split into two separate areas: <ul style="list-style-type: none"> • Building the right support in the community which refers to community health services, employing community mental health clinicians, etc • Supporting people in inpatient care which numerically includes a tiny percentage of autistic people (61 inpatients in Hampshire (circa 2020) out of an identified autistic population of 5,579 as at October 2019), although the cost is significant, both emotionally for the individuals and their families, and financially to provide a very complex service. 4. An additional priority area to cover data requirements, including consideration of updating Information Standards and Data Sets that already

	exist to include autism and neurodiverse conditions.
Question 8 b) Is there anything else that the Government should prioritise to improve autistic people's lives?	<ol style="list-style-type: none"> 1. Improve access to transport for autistic people, e.g. travelling by bus with companion passes to help them to gain confidence. This would reduce their isolation. 2. Improve access to public places such as theatres, cinemas 3. Appropriate entitlement to Disabled Parking Provision as autism is an invisible disability.

Public understanding and acceptance

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

Question	HAV response
Question 9 a) What are the main problems with public understanding and acceptance of autistic people?	Stereotyping autistic people, when each is individual and affected differently by their autism
Question 9 b) What is going well?	There has been some recognition, e.g. in films and television programs that autistic people are equal or ought to be equal in society, and not perceived as a troublesome group
Question 9 c) How can public understanding and acceptance of autistic people be improved?	There has been some recognition, e.g. in films and television programs that autistic people are equal or ought to be equal in society, and not perceived as a troublesome group
Question 10 a) What are the main problems with community inclusion for autistic people?	Knowing what is available
Question 10 b) What is going well?	
Question 10 c) How can community inclusion for autistic people be improved?	Primary care social prescribing programmes can facilitate community inclusion for autistic people

Healthcare

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

Question	HAV response
Question 11	

Question	HAV response
a) What pathways are there for the identification and support of autistic people, including:	
<ul style="list-style-type: none"> • when they need it (including if they do not have a diagnosis); 	
<ul style="list-style-type: none"> • through assessment, diagnosis and post-diagnostic support; and 	
<ul style="list-style-type: none"> • throughout their lives? 	
Question 11 b) What are the strengths of those pathways?	
Question 11 c) What are the main problems with those pathways?	<ol style="list-style-type: none"> 1. Post-diagnostic support is a major challenge. It is still not clear what are the most appropriate methods of support for many autistic people. 2. More structured research would be beneficial, involving autistic people and people with lived experience.
Question 12 a) How can the Government improve assessment, diagnosis and post-diagnostic support for autistic people?	
Question 12 b) How can the Government improve the identification and support of autistic people when they need it (including if they do not have a diagnosis)?	<ol style="list-style-type: none"> 1. Important to differentiate between autistic people with learning disability and autistic people without learning disability. 2. These two groups experience health issues differently. For example, autistic people without learning disability experience significantly higher mental health challenges. 3. Diagnostic overshadowing is a major challenge, when autistic traits in an individual are attributed inappropriately to different diagnoses such as anxiety, depression, personality disorder, etc; and sometimes vice-versa. 4. Recognise that some autistic people may not wish to be identified as autistic.
Question 12 c) How can the Government improve support for autistic people throughout their lives?	Accept that autistic people's rights should be accepted.
Question 13 In this question we are asking about access to healthcare for autistic people. Your answer could focus on specific parts of this. For example, you could focus on going to see the GP, going to the dentist or accessing mental health services.	

Question	HAV response
Question 13 a) What are the main problems for autistic people in accessing healthcare?	
Question 13 b) What is going well?	The development of the Reasonable Adjustment Framework programme is progressing, and one of the pilot practices was in Gosport, Hampshire. This identified some aspects that needed improvement including staff training.
Question 13 c) How can access to healthcare for autistic people be improved?	<ol style="list-style-type: none"> 1. Earlier or later appointments, e.g. first or last one of the session 2. Longer appointment time 3. Clinicians must use language appropriately as autistic people can be very literal 4. Further development and implementation of the Reasonable Adjustment Framework programme.

Community support and inpatient care

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

Question	HAV response
Question 14	
a) What are the main problems with access to community support for autistic people?	Autistic people may have anxiety or depression that meets the criteria for access to community services. The referral is often declined automatically because they are autistic, and this does not meet the service's referral criteria.
b) What is going well?	Autistic individuals who have a learning disability diagnosis are generally accepted and managed appropriately relating to their autism.
c) How can community support for autistic people be improved?	Staff training is essential, both clinical and non-clinical.
d) How can the use of inpatient care be reduced?	If the autistic patient is understood, e.g. has a hospital autism passport.

Question	HAV response
Question 15	
a) What are the main problems with the quality of healthcare and community support for autistic people?	<ol style="list-style-type: none"> 1. Autistic people need longer appointments. 2. Autistic people experience poorer outcome if they do not have an additional diagnosis of learning disability, epilepsy, blindness, or chromosomal disorder.
b) What is going well?	
c) How can the quality of healthcare and community support for autistic people be improved?	<ol style="list-style-type: none"> 1. Involving the service user or patient by listening to them, such that person is central to the decision-making process, using recognised shared decision-making techniques (NICE guideline NG197 Shared decision making, published June 2021) 2. If non-verbal, then parents and carers need to be more involved.

Education and transitions to adulthood

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

Question	HAV response
Question 16	
a) What are the main problems for autistic children and young people in accessing education?	<ol style="list-style-type: none"> 1. A lot of children are falling through a significant gap in education. These children do not meet the eligibility criteria to attend a SEN school yet cannot cope in a mainstream school without additional classroom support. 2. A lot of “academically gifted” autistic students’ needs are going unnoticed due to the way they perform academically, which in turn overshadows the areas in which they are struggling (e.g. with their mental health or socially). Because of this, a lot of autistic Individuals cannot attend mainstream school, which results in home education or no education at all.
Question 16	
b) What is going well?	
Question 16	
c) How can access to education for autistic children and young people be improved?	<ol style="list-style-type: none"> 1. Statutory guidance ideally needs to specifically address the issue of autistic children who are home educated. There is a risk that such children become invisible as there are no statutory requirements relating to home educated children in general such as the maintenance of a statutory register, or quality assurance of home education. 2. An accreditation process for autism and neurodiverse conditions may be beneficial. 3. Transition is important especially between primary and secondary school, secondary school and college, and when starting university studies. Local policies need to be in place, including appropriate SENCO involvement in schools. 4. Processes that may help include pre-visit, photographs and videos of new school,

Question	HAV response
	5. Use of social stories especially for younger age-groups
Question 17 a) What are the main problems for autistic young people in transitions to adulthood (including the move from children's to adult services)?	<ol style="list-style-type: none"> 1. There are NICE guidelines around transition especially when an individual is aged 16-18 years (NICE guideline NG43 Transition from children's to adults' services for young people using health or social care services, published February 2016). 2. Starting to plan well before the formal date of transition 3. A major issue is that many autistic individuals, aged 18 years and above, are very dependent on their families and carers for support. However adult services are reluctant to involve parents and carers stating concerns around confidentiality, GDPR, information governance, etc. Transition guidelines need to recognise and include processes about how to overcome these perceived barriers.
Question 17 b) What is going well?	
Question 17 c) How can transitions to adulthood for autistic children and young people be improved?	

Employment

In these questions we are asking about supporting more autistic people into employment. Your answers could focus on specific parts of this. For example, you could focus on accessing an internship or apprenticeship, accessing supported employment or accessing reasonable adjustments at work.

Question	HAV response
Question 18 a) What are the main problems for autistic young people in the move from education to work?	Autistic young people need structure. A well-structured workplace that can make reasonable adjustments is likely to work well.
Question 18 b) What is going well?	
Question 18 c) How can the move from education to work for autistic children and young people be improved?	Planning, taster days, staff training, reasonable adjustments
Question 19 a) What are the main	1. A negative attitude towards reasonable adjustments in the workplace, especially for individuals who appear "high

Question	HAV response
problems for autistic people in both finding and staying in work?	<p>functioning”. Requesting adjustments can be both daunting and intimidating, as individuals often feel like they are being dismissed or not taken seriously.</p> <p>2. Also, a lack of understanding of an autistic person’s fluctuating level of needs. This may mean someone may use more sick days than the average person due to different circumstances making their ability to work more difficult, so need more leniency around hours, which often is not something workplaces class as a 'reasonable adjustment'.</p> <p>3. Flexible working hours</p>
Question 19 b) What is going well?	Some organisations recognise the challenges that autistic people experience with the recruitment process; for example sending out interview questions in advance and having in-place work assessments. Ironically this often improves the whole recruitment process for everybody.
Question 19 c) How can support for autistic people to find and stay in work be improved?	Increasing the confidence of employers so that they feel comfortable working with autistic people whether as managers, as human resource departments, or as colleagues,

Criminal and youth justice

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

Question	HAV response
Question 20 a) What are the main problems with support for autistic people who are in contact with the criminal and youth justice systems?	<ol style="list-style-type: none"> 1. Language barrier and mannerisms. 2. Meltdowns may be triggered by the police station environment and may be perceived as resistance, aggression, insolence, etc. 3. Mannerisms, such as poor eye contact and echolalia, may be misconstrued as resistance, aggression, insolence, etc.
Question 20 b) What is going well?	<ol style="list-style-type: none"> 1. Some police constabularies have ensured that all custody suite officers have received autism training and how it may affect an individual in police custody. 2. Some police authorities have arrangements for autistic people to obtain timely access to trained autistic advocates.
Question 20 c) How can support for autistic people who are in contact with the criminal and youth justice systems be improved?	<ol style="list-style-type: none"> 1. Ensure that all custody suite officers are trained about autism and how it may affect an individual in police custody. 2. Ensure that all police authorities have arrangements for autistic people to obtain timely access to trained autistic advocates.

Section D: Scotland, Wales and Northern Ireland, and around the world

In this section we are asking questions about support for autistic people in Scotland, Wales and Northern Ireland, and around the world. You may want to answer the questions in this section if you know about support for autistic people somewhere outside England. This could be from your own experience, your organisation's work or research you have done.

Question	HAV response
Question 21 a) What could the UK Government learn from the devolved governments in Scotland, Wales and Northern Ireland on effective ways to support autistic people?	
Question 21 b) How should the UK Government work with the devolved governments in supporting autistic people?	
Question 22 What could the UK Government learn from other countries around the world on effective ways to support autistic people?	

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PARTNER UPDATES

Reporting date – 19/05/2025

Reporting person – Nicki Martin

HAPB lead for organisation – Andrew Lund

Organisation – Hampshire County Council Childrens Services

Key relevant service/personnel updates

- Devolution - A public consultation has been launched by central Government inviting the people of Hampshire and Solent area to have their say on the proposal to form a Mayoral Combined County Authority. The consultation runs for eight weeks from 10am, 17 February 2025 to 11:59pm on 13 April 2025. It can be found here: [Take part in the consultation](#)
- School and Post 16 Transport consultation - The consultation runs from 12 March to 11:59pm on 7 May 2025. [Residents' views sought on proposals for future services in Hampshire | Hampshire County Council](#)
- Disabled Childrens Teams in Childrens Services aligning with the Family Help Model from June 2025. [Microsoft PowerPoint - Select Family Help 24 June 2024](#). There will continue to be a dedicated team to support families of children with Disabilities within Hampshire alongside Family Help Teams.
- Increase in court of protection applications for those in residential placements age 16 and over.

Please detail any current success stories or case studies that demonstrate the positive impact of the strategy on the lives of autistic individuals

- Hockley House - a new children's home opens in Hampshire - This innovative new children's home is jointly run by the County Council and NHS and is the first home in Hampshire to combine children's social care, health care, and education - all under one roof.
 - Adapted from an existing set of County Council owned properties, the new home will provide intensive therapeutic support to children and young people aged between 12 and 18 who have significant needs across both health and social care including neurodivergent young people.
 - Placements in the home will typically last six to nine months and will focus on supporting young people to develop their independence and life skills, and to move successfully back home, on to another placement or independent living.
 - Click on picture for video of the property:



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Reporting date – June 2025

Reporting person – Rebecca Murphy

HAPB lead for organisation – Mark Kingswood

Organisation – Children Services – Education, Hampshire County Council

Current autism strategy action plan updates:

- **Action :** *Gather information regarding availability of training and support available for schools to support CYP*
- **Update:** Information collated and produced in an article published in schools comms in January 2025. The needs-led pathway work with Health (MDT) will include signposting and collation of the training and support available. Visits to all Autism resource provisions being carried out in Summer term 2025 to ascertain successes and challenges to be able to increase/ amend offer of support for schools.
- **Action:** *Gain consistency in use of language related to neurodivergent needs across HCC*
- **Update :** It has been agreed that a webinar/ recorded video will be the best option to be initially shared with education and inclusion branch but extending to other areas of HCC. A script has been developed by the educational psychology service based on guiding principles to consider when working with/ communicating with autistic CYP and their families. This has been shared with partners and awaiting feedback. Plan to be recorded by neurodivergent young person from participation group.

Current autism strategy action plan updates:

- **Action :** *A number of actions related to post 16 and increasing knowledge of employment options, careers advice, work placements, mentoring, CV preparation, and interviews*
- **Update:** *Resources and project information collated. Decisions to be made on best way to disseminate.*
- **Action :** *Promote and enhance PFA training for outcome writing for advice givers (e.g. EPs) and for secondary schools and colleges.*
- **Update:** guidance produced for outcome setting, and training sessions delivered to SEN. Checklist for EHC year 9 onwards annual reviews created and sent to post 16 settings. Person centred planning training for post 16 settings carried out from educational psychology with 5 settings receiving coaching support sessions next term.

Current obstacles in meeting actions

- Capacity of teams to collate information and implement changes systemically
- Challenges of collating extensive information across Hampshire

- **How are these challenges being addressed/taken forward:**
 - x
 - x

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Reporting date – 30/5/25

Reporting person – Zoë Beasley

HAPB lead for organisation – Jason Norum

Organisation – Younger Adults, AHC, HCC

Key relevant service/personnel updates

- Devolution plans continue at pace. There is an [Interim Plan Feedback for the Hampshire and the Solent Local Government Reorganisation \(LGR\)](#) currently but no further updates currently. Likely be December board before full information is known.
- [Hampshire Skills Bootcamps programme extended](#) - job seeker training for over 19's. [The Connect to Work](#) programme is continuing to be co-ordinated by Hampshire 2050 with grant funding from Central Government.
- Shared services model for Children's and Adults' Services – This came into place at beginning of 2025 and has benefits around following elements:
 - Technical elements being brought together has built capacity into teams and improve efficiency and team cohesion.
 - Commissioning benefits of cross-age knowledge being improved as well as practice and strategies from consistency perspective.
- Donna Harrison's portfolio now encompasses Learning Disability, Mental Health and Physical Disability – she has now brought the team roadshows into one for all three departments to increase cross working, shared knowledge and understanding. This will aid with HAPB's and the Strategy messaging being consistent.
- Zoë Beasley will be taking on LD partnership from July until they are independently being run.

Include any examples of current joint working:

- AHC strategy - The Adults' Health and Care (AHC) Strategy Steering Group is meeting 16th June and has good level of representation from HAPB to ensure Autistic voices are being heard, and concerns are being raised and addressed head on.
- Domiciliary care market – The Help 2 Live at Home Framework is now live. This will offer access to a wider pool of Domiciliary Care providers. Providers are assessed for suitability in the onboarding phase when they apply to join the framework

Current autism strategy action plan updates

- Met with new provider for KWP (attending June HAPB)
- PREVENT – DSL survey going out/toolkit
- LDAP & DSR – increased knowledge across teams – MDT will need to look at diagnosis threshold
- Stand alone diagnosis consideration – met with Donna Harrison to discuss possible options re this.

What outcomes have been observed so far:

- Re PREVENT – met with new DSL lead who has high level of experience and is very happy to support the autism plan. She will be detailing the DSL survey at the conference on 10th June.
- RE stand alone diagnosis – working with Donna Harrison to look at mapping offer and services to see what might be possible, however very much in exploratory stage currently.

Current obstacles in meeting actions

- Capacity – current demand to capacity across all areas of AHC is still a challenge currently.
- Changes to providers and ICB's currently restructuring and latest financial implications mean it has been harder to keep links consistent and can create nervousness around stability of services.
- HCC financial position challenges continue to impact.
- Links with housing/ relevant local district contact still challenge to get in place but some inroads made with community safety contacts now.

How are these challenges being addressed/taken forward:

- While Shared Services will help ease pressure, AHC must ensure service users have a clear understanding of what can be expected within legal and operational limits.
- The financial position and links to housing will be able to addressed more clearly after Devolution

Please detail any current success stories or case studies that demonstrate the positive impact of the strategy on the lives of autistic individuals

- Autism Acceptance Week Communications - During Autism Acceptance Week, our social media campaign reached over 30,000 views across various platforms, with minimal negative feedback. This demonstrates strong public engagement and growing support for autism acceptance

J	K	L	M
TRACTION			
Facebook	Instagram	Nextdoor	LinkedIn
18.6k views	1.8k views	8.9k	608
136 interactions	21 interactions	impressions	impressions
44 link clicks			34 link clicks

- Provider A case – A supported accommodation provider went into failure at short notice just before a BH weekend. The provider housed 30+ people from three different LA's inc. HCC, with varying complex needs including Autism, Learning Disabilities, and Mental Health. There was potential for this to become a critical incident, but due to the close collaboration across the three LA's we were able to put mobilisation in place within 24hrs to provide cover over the BH weekend. People's immediate safety and needs were ensured over the weekend, and the cross partnership working facilitated rapid TUPE of staff to new providers (including UKVI - *UK Visas and Immigration* staff) which protected all residents' tenancy arrangements, meaning not one person had to be moved. There was all round excellent partnership working across public and private sector shown, resulting in a smooth transition to a new provider with minimal impact or distress to those in the accommodation.

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Reporting date – 05/06/2025

Reporting person – Alison Dyer

HAPB lead for organisation – Alison Dyer

Organisation - DWP

Key relevant service/personnel updates

- No confirmed changes to the service

Include any examples of current joint working:

- Room One – Attending Portsmouth office. They have attended for one morning per month for 2 months so far and they have been fully booked. 6 of the 8 have gone on to be seen at Room One itself as a result of their meeting in the Jobcentre.
- We are now signposting claimants with autism to the Workwise programme in Portsmouth.. They are working with these people to help move them into paid employment. They provide regular updates on claimants progress if consent is given.
- We referred a customer who wants to do admin work in the NHS. He started work experience with them 2 weeks ago and the Workwise adviser has an appointment in a couple of weeks' time to discuss converting this to paid employment.

Current autism strategy action plan updates

- Awaiting detail from Green Paper so no further progress at this stage
- Disability Confident Strategy is due to be signed off shortly with will look to improve uptake of employers becoming Disability Confident.

What outcomes have been observed so far:

- Awaiting sign off so no updates att.

Current obstacles in meeting actions

- Green Paper expectations not confirmed

How are these challenges being addressed/taken forward:

- Being chased up through the chain

(Optional) Please detail any current success stories or case studies that demonstrate the positive impact of the strategy on the lives of autistic individuals

A DEA met a customer and her mum at an Autism event for Willow group patients. We were asked to attend the event to explain the work we do at the GP surgery. Customer was withdrawn and upset with her new manager. She felt the manager was not understanding her needs /support she had been given in the past. Customer was offered an appointment at the surgery as this would be a quiet place to meet face to face to discuss the matter further. She had been signed off at this point and did not see herself returning to work. She felt in her words “worthless and not valued”. We discussed in depth over several appointments what her needs were and how we could support her returning to work when she was ready. Over time the customer and I got to know each other and started making plans for her future. She had been in her job role for over 12 years and had never felt the over whelming feeling that she was not valued and finding it difficult to process. The DEA suggested we started with an OHS referral which was within her gift to do at the surgery, this would give us some structure to present to her employer. She agreed and we started this process. Once we received the OHS assessment, we talked it through. We also started putting together a Wish list she would like for her to return to work. We explained she may not get them all however, we can try. We contacted her employer with permission and asked for a meeting to discuss some of the issues raised We met with the Employer and her Team Leader was very open from the start and had not realised she was Autistic although did state she recognised she was presenting herself differently. She said the customer was an extremely valued member of staff and highly thought of by her Peers and service users..... (continued on next slide)

(Optional) Please detail any current success stories or case studies that demonstrate the positive impact of the strategy on the lives of autistic individuals

..... When the DEA next met her, she relayed the information, highlighting the positives. She was really pleased with the feedback and was expecting it to be negative. This was a huge turning point for her. We discussed her role within the Company, different hours, adjusted uniform, and other support, to name but a few. We arranged for her to meet up with the employer to go through the Action plan and proposed reasonable adjustments. . We then arranged for her to go into the workplace for an hour so she could see the staff and familiarise herself again with the surroundings as there had been some changes. This helped her with her decision to return. We received an email asking if I could meet HR to have a discussion reference the customers return to work. HR were really impressed with the work DWP did and had no idea the work we do. They asked about training we do with our staff around neurodiversity. We discussed the Autism Wales and our Accreditation through NAS. They have since put into place with all their staff to familiarise themselves of the Autism Wales Tool. They are also keen to have an ambassador in place which the customer has volunteered to do. The employer has also signed up to Disability Confident and keen to work with us with any future vacancies. They have now got their own OHS system in place as they did not have one previously. The customer had her last appointment with at the GP surgery proudly wearing her new uniform and the biggest smile ever !! This was to surprise us she is back to work with a phased return agreed by her GP. Her employer has met all her reasonable adjustments.

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Reporting date – 03/06/2025

Reporting person – Michelle Broughton

HAPB lead for organisation – Michelle Broughton

Organisation – NHS HIOW

Key relevant service/personnel updates

- Financial plans for 2025/26 have now been approved through internal governance processes.
- The Learning Disabilities, Autism and ADHD Assurance Committee will now take place monthly. This system-wide meeting will ensure that the planned improvements are delivered.
- The Strategic Lead for Learning Disabilities, Autism and Neurodiversity has recently left post. There are no immediate plans to recruit to this role, given the pending significant ICB reorganisation.
- A Model ICB Blueprint has been released which will guide the future functions and structure of the ICB. Partners will be kept up to date as this nationally driven programme progresses.

Current autism strategy action plan updates

- Ongoing review of the Clinical Assessment model led by a Clinical Reference Group.
- Progressing mobilisation of the Neurodiversity Intensive Support Team (0–25 years) across Hampshire and Isle of Wight. This will improve outcomes for autistic individuals and those with ADHD. We will see improvements in support and service delivery, reducing hospital admissions, and enhancing support for mental health needs
- The Autism and ADHD survey is complete. Data analysis discussions are ongoing, and results will be shared once agreed.
- Plans underway for the development of a multi-disciplinary team service to support neurodivergent adults. The service will offer educate to other service, provide support and sign-posting across a range of issues and offer some bespoke intervention for complex cases. Colleagues interesting in being involved as this develops should contact diana.taphouse@nhs.net.
- HIOW Adults Neurodivergence Working Group reinstated from May 2025.
- Planning underway to undertake procurement exercise to ensure continuity of the existing Neurodivergence Community Hubs currently in existence in Andover and Havant.

Current obstacles in meeting actions

- Capacity to support change across the system is a challenge. Whilst progress continues to be made, it may not always be at the pace desired.

How are these challenges being addressed/taken forward:

- The overarching workplan is being overseen by a system-wide Committee which will support organisations to prioritise collectively and drive change.
- Support from colleagues is always where capacity allows.

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Reporting date – June 2025

Reporting person – PS 21994 Emma Pragnell

HAPB lead for organisation – PS 21994 Emma Pragnell

Organisation – Hampshire & IOW Constabulary

Key updates HIOWC

- Police Staff Lindsay Tucker recruited to include this work in their role within Central Custody team.
- Budget approved to recruit more Autism Ambassadors – plan to use Detention Officers for continuity
- CPD training in progress for Custody Staff
- PS Pragnell now has a regular update space within Disproportionality Board to raise issues/requests
- New support and signposting page for Officers/Staff to use within the Voluntary Interview process

- Future Aims:
 - To include Autism within the themes of Scrutiny Panels (Custody and Out of Court Resolutions)
 - Review of Custody documents to ensure appropriate

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Reporting date – 21/5/25

Reporting person – Cheryl Claxton

HAPB lead for organisation – Cheryl Claxton

Organisation – Autism Hampshire

Key relevant service/personnel updates

- n/a

Include any examples of current joint working:

- Hampshire Isle of Wight Adults Neurodivergence Working Group (ICB led) – Autism Hampshire will be attending this
- Re-joining Portsmouth Autism Community Forum – AH have not attended for some time due to team capacity, Katie Board will represent AH going forward.

Current autism strategy action plan updates

- Building the right support in the community
 - We have secured Serendipity Community Groups funding from the National Lottery Community Fund for 5 years totaling £280,000. This means our community groups will continue at the same develop and we will be developing these further.
- Tackling health and care inequalities for autistic people
 - Looking at options to develop community health work with Autek, following on from Autism & Health project last year

Current obstacles in meeting actions

- Funding for Autism & Health

How are these challenges being addressed/taken forward:

- Exploring funding options with Autek

Please detail any current success stories or case studies that demonstrate the positive impact of the strategy on the lives of autistic individuals

- Autism Acceptance Week story from autistic Serendipity group member Gary:
<https://autismhampshire.org.uk/news-events/gary-and-the-nomen-autism-acceptance-week-2025>
- Autism Acceptance Week story from one of our lived experience autistic trainers Sarah:
<https://autismhampshire.org.uk/news-events/learning-to-thrive-after-a-late-autism-diagnosis>

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PARTNER UPDATES

Reporting date – 4/6/25

Reporting person – Paul Richardson

HAPB lead for organisation – Paul Richardson

Organisation – HPCN (Hampshire Parent Carer Network)

Key relevant service/personnel updates

- This year's annual survey will be launched shortly, and input is still being welcomed. Thematic findings will be shared with relevant partners, with careful handling to ensure parent carers' trust is maintained. Please do let us know if you would like any questions added!

Include any examples of current joint working:

- Parent carer voices are actively included in decision-making through the Short Breaks Grant Evaluation Panel, working alongside HCC to present to Executive Member for decision. Not all funding was spent, due to lower applications in some areas, leaving room to reinvest the remaining budget into the small grants fund.
- At the recent AGM, representatives from SEND team attended and responded to questions from parent carers. Our ask was to keep any questions system focused and not cased, so these questions focused on broader systemic issues rather than individual cases, demonstrating a commitment to transparency and accountability. Hard questions were asked, and answered, it was a very positive experience for all.
- As part of the ongoing collaboration between HCC and the ICB through the PINS initiative, an initial group of schools has been identified to support children and young people with SEND, with more schools to follow.

Current autism strategy action plan updates

- Multi-Disciplinary Team (MDT) collaboration is underway through the Pins AIS initiative, promoting integrated working across services.
- Working with the Local Authority (HCC) and the Integrated Care Board (ICB) are working closely together, drawing on successful approaches based on the Portsmouth model to strengthen joint support.
- The Parent Carer Forum contributed to the recent transport consultation, sharing both thematic feedback and individual comments to inform service improvements.

What outcomes have been observed so far:

- MDT – very much at initial stages but have ensured message re being involved from outset is clear.
- Transport consultation – consultation will be discussed at Children and Young People Select Committee on 15th July so will have further outcomes not known att.

Current obstacles in meeting actions

- Engagement with social care is currently limited, with no active workstreams in place. There is recognition that stronger relationship-building and follow-up is needed by the forum to enable more effective joint working.
- Some parent representatives have had to step back due to the challenges of managing SEN family life, highlighting gaps in the system.
- Focusing on recruiting new parent representatives who are motivated to help improve the system as a whole, rather than focusing solely on personal experiences or individual cases.

How are these challenges being addressed/taken forward:

- Actively engaging with new parent representatives to strengthen collaboration and ensure a broader range of voices are included.
- Work is progressing through the PINS initiative, including regular meetings with new parents to build relationships and drive improvements in the system.
- We are also seeking appropriate contacts within social care to initiate engagement and develop joint workstreams that have been missing. If interested, please do get in touch. Participation@hpcn.org.uk



Pan-Ability League
Join our Committee - Roles Available

Join our Pan-Disability League

Our local Pan-Disability Football League is looking for dedicated and enthusiastic individuals to join our committee and be part of something truly meaningful.

About the league

Our league is one of the largest and most vibrant pan-disability football leagues in the region. We provide inclusive football opportunities for over 500 players, spanning Under 12s, Under 16s, and Adults. The league features 6 competitive sub-divisions, offering a platform for players of all abilities to enjoy the game, build confidence, and develop lifelong friendships.

Why join the committee?

By joining the committee, you'll be at the heart of a movement that promotes inclusion, challenges stereotypes, and empowers people through sport. You'll help drive positive change for players, coaches, and families across Hampshire. Your voice will help shape the future of disability football and ensure the league continues to thrive in a safe, supportive, and enjoyable environment.

Roles Available

- Chairperson
- Secretary
- Welfare Officer
- Treasurer

Ready to get involved?

No prior football administration experience is necessary—just a willingness to learn, collaborate, and contribute to a more inclusive future for the game we all love. Training and support will be provided where needed.

If the roles aren't specifically of interest – there are other ways to get involved to. Please contact the following details:

**Please email Rory.Bentley@hampshirefa.com
or call on 01256853027 by Friday 27th June**

ROLE SPECIFICATION

Some information on the roles available within the league structure:

Role title	League Chairperson
Role purpose	<ul style="list-style-type: none"> • Lead committee meetings and ensure effective decision-making. • Supervise the performance of league officials (e.g., secretary, treasurer, welfare officer). • Mediate disputes between clubs, players, referees, or league officials • Ensure any complaints or issues are handled fairly and transparently.
Potential hours	<ul style="list-style-type: none"> • Meetings/Check-ins: ~1-2 hours per month • Emails & Communications: ~30-60 minutes per week • Oversight/Admin: ~1 hour per week or less • Attending Matches or Events: Once a month

Role title	League Secretary
Role purpose	<ul style="list-style-type: none"> • Coordinate League Administration: Manage day-to-day league operations including fixtures, registrations, correspondence, and maintaining accurate records. • Handle Official Correspondence: Distribute information, respond to queries from clubs and the FA, and circulate minutes, notices, and updates to league members • Administer Disciplinary Processes: Record and process match reports, misconduct cases, and suspensions in accordance with league and FA regulations.
Potential hours	<ul style="list-style-type: none"> • Fixture admin & communication: ~1-2 hours weekly • Player/team registrations and record-keeping: ~1 hour weekly (more pre-season) • Handling emails, results, forms: ~30 minutes to 1 hour weekly • Meeting prep and follow-up: Occasional 1-2 hours per month

Role title	League Welfare Officer
Role purpose	<ul style="list-style-type: none"> • Ensure Safeguarding Compliance: Monitor that all clubs within the league follow FA safeguarding policies and procedures, including DBS checks and appropriate training for coaches and volunteers. • Support and Advise Clubs: Provide guidance to club welfare officers and act as a point of contact for any safeguarding concerns or issues across the league. • Liaise with the County FA: Report safeguarding concerns and work closely with the County FA's Designated Safeguarding Officer to ensure proper handling and resolution.
Potential hours	<ul style="list-style-type: none"> • Monitoring compliance (DBS checks, safeguarding courses): ~30-60 minutes monthly • Responding to concerns or supporting Club Welfare Officers: As needed (some weeks none; others 1-2 hours if issues arise) • Reporting to County FA or attending safeguarding briefings/training: A few hours per year • Pre-season check-ins with clubs to ensure all safeguarding is in place: 2-4 hours total at season start

Role title	League Treasurer
Role purpose	<ul style="list-style-type: none"> • Manages the finances – Keeps track of what's coming in (like player fees or donations) and what's going out (like pitch hire or kit costs). • Plans and monitors the budget – Helps plan how money is spent and makes sure the league doesn't overspend. • Provides financial updates – Gives simple updates to the team or committee so everyone knows where the money's going.
Potential hours	<ul style="list-style-type: none"> • Manages the finances –Most of this can be done in short bursts before or after fixtures, or during quieter moments in the month. Rough time: 1-2 hours per week, with flexibility. • Plans and monitors the budget –This is usually a quick task and can be done between fixtures or during free evenings. Rough time: 1-2 hours per month. • Provides financial updates – These updates can be prepped in advance and shared by email or in person. Rough time: 1 hour per month, typically around meeting days.

Section A: Evidence about autistic people and what they need

Question 1 a) What evidence is there about the numbers of autistic people (diagnosed and undiagnosed) in England and their demographic characteristics (for example, age, gender or ethnic background)?

The Hampshire Autism All-Age Strategy does not provide specific numbers for England as a whole but focuses on Hampshire based on current estimates we have. However, it emphasises the importance of collecting demographic data to understand the needs of autistic people better.

Overall, there is a significant lack of clear and consistent data regarding the prevalence and demographics of autistic individuals. The medical coding used for autism diagnoses is not easily accessible and has historically been inconsistently updated. This issue was further complicated by the removal of Asperger's Syndrome from the DSM, as some individuals continue to be recorded under outdated codes despite guidance to consolidate all records under the broader ASD classification. There is currently no statutory requirement for a central autism register, which makes it difficult to determine accurate prevalence rates and demographic breakdowns. Furthermore, a proportion of individuals may never be captured in data due to personal choice, lack of recognition of their own needs, or because their other medical or support needs take precedence, making diagnosis less likely or accessible. Data from the ICB suggests that approximately 1.5% of the population is recorded as autistic in GP systems. However, this figure does not account for individuals awaiting diagnosis or those diagnosed privately. The most recent figures available indicate that the conversion rate from referral to confirmed diagnosis is approximately 75% for adults and around 80% for children and young people (CYP). From a CYP perspective, as of December 2022, 16.7% (2,435) of all Education, Health and Care Plans (EHCPs) in Hampshire listed Autistic Spectrum Conditions (ASC) as the primary need, representing 0.8% of the county's CYP population. It is important to note that Hampshire does not currently report secondary needs, so this figure likely underrepresents the true number of autistic children and young people. In terms of demographics, it is well established that women and girls have historically been underdiagnosed due to less recognised presentation profiles. Similarly, individuals from ethnic minority backgrounds have often been underrepresented or misdiagnosed. Recent studies have shown that, in 2021, Black pupils had the highest recorded prevalence of autism, while Roma and Irish Traveller communities had the lowest.

The HIOW ICB GP data suggested we were about 1.5% however that didn't account for the backlog or those under private diagnosis. Last information we had was the conversion rate for those seeking diagnosis to gaining a confirmed diagnosis was 75% in adults and about 80% in CYP I believe.

From CYP perspective: "in December 2022, with 16.7% (2,435) of all plans listing Autistic Spectrum Conditions (ASC) as the primary need, representing 0.8% of the population of children and young people in the county. *It is important to note that Hampshire do not currently report secondary needs, therefore this should not be seen as a full account of autistic children and young people.

In regard to demographics we know that women were underrepresented for a long time and historically those from an ethnic minority have been underrepresented or misdiagnosed. There has been evidence from recent studies suggesting that Black pupils showing the highest prevalence and Roma/Irish Travelers the lowest in 2021.

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

The strategy highlights the need for continuous data collection and analysis to track changes over time, though specific trends are not detailed.

1. **Increasing Prevalence:** Recent studies suggest that the number of autistic people in England may be significantly higher than previously estimated. Research indicates that the true number of autistic people could be more than double the commonly cited figures. This includes a substantial number of undiagnosed autistic individuals, particularly among adults.

2. **Demographic Characteristics:** The strategy highlights changes in the demographic characteristics of autistic people. Autism is more commonly diagnosed in males, with a prevalence rate of 2.8% in boys compared to 0.65% in girls. Additionally, there are variations in prevalence among different ethnic groups, with higher rates observed in certain minority populations.
3. **Socioeconomic Factors:** Socioeconomic factors also play a role in the diagnosis and support of autistic individuals. Areas with higher levels of deprivation may have lower access to diagnostic services, impacting the recognition and support of autism in these communities but often have some of the highest support needs levels.
4. **Gender and Age Considerations:** The evidence shows that autism is increasingly recognised across all age groups, not just in children. Historically, females have been underdiagnosed due to less recognised presentation profiles. There is a growing awareness of autism in adults, leading to more diagnoses in age groups 40 years+ also. There is a growing recognition of the need to address this disparity and ensure that older females receive appropriate diagnosis and support. Additionally, there is a lack of known figures for older adults in general, as their needs have often been overshadowed by other care requirements such as dementia.

Question 2 a) What evidence is there about what autistic people need from the Government and public services and the most important policy issues for autistic people and their families/carers?

1. **Early Identification and Diagnosis:**
 - **Need:** Early identification and diagnosis are crucial for providing timely support and improving long-term outcomes for autistic individuals. Delays in diagnosis can lead to increased difficulties and reduced access to necessary services.
 - **Evidence:** The strategy emphasises the importance of early identification and comprehensive assessment pathways to ensure that autistic individuals receive the support they need as soon as possible.
2. **Access to Healthcare:**
 - **Need:** Autistic individuals often require specialised healthcare services that are sensitive to their unique needs, including mental health support and accommodations for sensory sensitivities.
 - **Evidence:** The strategy highlights the need for better training for healthcare professionals and the creation of sensory-friendly healthcare environments to improve access and quality of care.
3. **Education and Transitions:**
 - **Need:** Autistic children and young people need tailored support in educational settings and during transitions to adulthood. This includes individualized education plans, career guidance, and support with transitions from children's to adult services.
 - **Evidence:** The strategy identifies the lack of tailored support and understanding in schools as a major barrier and calls for more resources and training for educators.
4. **Employment Support:**
 - **Need:** Autistic individuals often face significant barriers in finding and maintaining employment, including workplace discrimination, lack of accommodations, and difficulties with social interactions.
 - **Evidence:** The strategy points to the need for inclusive hiring practices, workplace training on autism, and ongoing support for autistic employees to improve employment outcomes.
5. **Community and Social Support:**
 - **Need:** Autistic individuals and their families require robust community and social support networks to reduce isolation and improve quality of life. This includes access to support groups, community programs, and respite care for families.
 - **Evidence:** The strategy highlights the effectiveness of community initiatives and support groups in providing valuable social connections and reducing isolation.
6. **Housing and Independent Living:**
 - **Need:** Safe, affordable, and supportive housing options are essential for autistic individuals to live independently and with dignity.
 - **Evidence:** Research indicates that autistic individuals often face challenges in accessing suitable housing, and there is a need for integrated public health, housing, and disability supports to address these issues.

7. Policy and Legislation:

- **Need:** Comprehensive policies and legislation are required to ensure that the rights and needs of autistic individuals are met. This includes funding for services, research, and advocacy.
- **Evidence:** The strategy underscores the importance of ongoing policy development and legislative support to address the evolving needs of the autistic community.

8. Family and Carer Support:

- **Need:** Families and carers of autistic individuals need support, including financial assistance, respite care, and access to information and resources.
- **Evidence:** The strategy highlights the critical role of families and carers and the need for services that support them in their caregiving roles.

There is a clear need for more decisive action to instigate real change.

The focus has often been on reducing diagnosis rates, EHCPs, and support services, rather than addressing the actual needs of autistic individuals. The national strategy has only had one implementation plan since being published, and there has been no subsequent plan to outline how the strategy's aims will be met. While support for children is important, there is an increasing need to address the support requirements of adults who are being diagnosed later in life.

The subjectivity of current policies, coupled with a lack of clarity and direction, contributes to a postcode lottery in service provision still. Although there is clear statutory guidance, the governance around this guidance and the lack of specificity regarding the expectations of core partners create ambiguity. This leads to inconsistent investment and accountability among partners.

b) How is this changing over time?

The Hampshire All-Age Autism Strategy provides insights into how the needs of autistic people and the most important policy issues for them and their families/carers are changing over time. Here are some key points:

1. **Increasing Awareness and Diagnosis:** There is a growing recognition of autism across all age groups, leading to more diagnoses, including among adults. This has highlighted the need for lifelong support and services tailored to different life stages.
2. **Diverse Needs:** The strategy emphasises that autistic individuals have diverse needs that vary widely. This includes support for mental health, education, employment, and independent living. The evidence shows that these needs are becoming more complex as awareness and diagnosis rates increase.
3. **Consistent Need for Support:**
 - a. **Survey Data:** The survey consistently highlights that support for autistic individuals, particularly in education, healthcare, and employment, remains a primary need. Respondents frequently mention the necessity for tailored support and accommodations to help autistic people navigate various aspects of life
4. **Public Understanding and Acceptance:**
 - a. **Survey Data:** While there has been some improvement in public understanding and acceptance of autism over the past five years, many respondents still express concerns about the lack of awareness among service providers. This ongoing issue affects the quality of support autistic individuals receive in areas such as employment, education, and healthcare
5. **Challenges in Social Interactions:**
 - a. **Survey Data:** Autistic respondents report that interacting with other people, such as making friends and socialising, remains one of the most challenging aspects of their lives. This difficulty has not significantly changed over time, indicating a persistent need for social support and community programs
6. **Service Accessibility and Quality:**
 - a. **Survey Data:** The variability in service quality and accessibility continues to be a major concern. Respondents note that while some areas have developed effective programs, there is still inconsistency in the availability and quality of services across different regions
7. **Ongoing Need for Awareness and Training:**

- a. **Survey Data:** The need for better awareness and training among professionals who support autistic individuals remains a critical issue. Despite some progress, many respondents feel that service providers still lack a deep understanding of autism and the specific needs of autistic people

These areas of concern have remained largely unchanged since the Autism Act was implemented. Early and tailored support continues to be a primary concern, with significant issues still present in education, employment, and healthcare access. The lack of clarity regarding reporting responsibilities from local to central government has led to inconsistent data reporting. For example, there is no clear data on how many employers report to the government or the sophistication and consistency of these reporting systems. Many public sector systems do not have autism as a separate category or only report on primary needs, which often do not include autism. As a result, the data being reported is not effectively informing policy and change.

Due to the lack of clarity around who is responsible regarding reporting from local to central perspective the reporting into Government and lack of clear data has led to inconsistent reporting. For example, is there clear data on how many employers report into the government? How sophisticated are these reporting system and how consistent? Many of the public sector systems either don't have autism as a separate category or only report on primary need, which often isn't shown as autism. The data being reported is therefore not going to inform policy and change in an effective and meaningful way.

There is also complexity of over needs led, and diagnosis led systems/practices/policies meaning again data is inconsistent. Although working from a needs led basis should be common practice many support mechanisms/legal protections/accommodations/access to services need a diagnosis so in practice it is simply not possible to be needs led based on the way our country is setup. If we are going to be data driven to create/implement/validate policies to ensure correct support we need to have clearer data around prevalence so we can truly represent people effectively.

Question 3 a) What new evidence does the Government need in order to make new policies and to plan services for autistic people?

It is crucial to emphasise the importance of taking action rather than conducting another consultation or review. The focus should be on implementing the necessary changes to meet the needs of autistic individuals.

The strategy suggests that the Government needs comprehensive data on the effectiveness of current services, gaps in provision, and the specific needs of different demographic groups. In addition to the need for clearer and more consistent data, there is already a wealth of research, surveys, and personal stories that explain what autistic individuals need now.

The distinction between needs-led and diagnosis-led approaches remains highly relevant, particularly when considering the specificity of daily support required by autistic individuals. There is a significant risk of creating a tiered system in which those with a formal diagnosis have broader access to services, legal protections, and accommodations, while those without a diagnosis are left with limited or no support. Current policy frameworks do little to address how autistic individuals navigate everyday environments that are often not designed with their needs in mind. This lack of proactive accommodation contributes to increased wellbeing challenges. Furthermore, there is insufficient recognition of the diverse ways autism presents, particularly when considering functioning labels, which can obscure the true level of support required.

b) Who should collect this evidence?

Evidence should be collected by a variation of bodies with autistic people at the heart of the voice of the evidence - but ultimately the above point is what needs to be detailed most I feel; we already have plenty of evidence, what is needed is action.

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

Question 4 a) In what ways have the Autism Act 2009 and successive Government autism strategies been successful or unsuccessful in improving support for autistic people?

The Autism Act mandated the creation of a national autism strategy, which has provided a structured framework for addressing the needs of autistic individuals. This includes statutory guidance for local authorities and NHS bodies on how to support autistic adults effectively. One of the key outcomes has been the establishment of Autism Partnership Boards, which ensure that autism remains a priority within local planning and service delivery.

A positive development has been the increased involvement of autistic individuals in shaping research and policy decisions. For example, the Portsmouth ACRE and Umbrella review projects have demonstrated the value of co-produced research and lived experience in informing local strategies and service improvements. These initiatives highlight how meaningful engagement with autistic people can lead to more relevant and impactful outcomes.

There have also been improvements in access to assessment, diagnosis, and support services for autistic adults. National and local strategies have aimed to reduce barriers and make services more responsive to individual needs. However, significant gaps remain—particularly in mental health provision, employment support, and social care. Long waiting times for diagnosis and post-diagnostic support continue to be a major challenge, often exacerbating the difficulties faced by autistic individuals and their families.

While the Act has provided legal recognition and protection for autistic people and has helped to establish autism as a distinct area requiring specific support, the strategy itself lacks clear pathways for accountability. Governance structures around the implementation of the strategy—such as those involving local authorities, Integrated Care Boards, and Autism Partnership Boards—are often ambiguous. This has resulted in inconsistent delivery and commitment across different regions, leading to a postcode lottery in the quality and availability of support.

b) What are the reasons for this?

The challenges in implementing the Autism Act and associated strategies stem from several key factors, including variability in local implementation, funding constraints, and a lack of coordinated service delivery. Funding, in particular, has been a significant barrier to achieving the intended impact. From diagnostic services to ongoing support, the absence of dedicated, ring-fenced funding has limited progress. Despite autism being a mandated focus area since 2009, the Hampshire Autism Partnership Board (HAPB) has received minimal direct funding. Although the national strategy references multiple funding streams, many of these have not reached local levels, and Learning Disability and Autism Programme (LDAP) funding has never been allocated to HAPB.

Moreover, there is no clear guidance on what financial contributions should be made by statutory partners, which creates ambiguity and allows some partners to disengage from funding responsibilities. This lack of financial clarity undermines the consistency and sustainability of local autism support structures.

Additionally, the ongoing debate between needs-led and diagnosis-led approaches raises important questions. If so little is currently in place despite the statutory basis provided by the Act, it is concerning to consider what would remain if that statutory foundation were removed. This highlights the need for stronger accountability and clearer expectations to ensure that autistic individuals receive the support they require, regardless of diagnostic status.

Question 5 a) How effective has the Government's approach been to:

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

a) The strategy shows mixed effectiveness - while some areas have made progress, others continue to lag due to inconsistent funding and implementation. Since the 2021/2022 implementation plan, there has been no updated national direction, leaving Local Authorities and ICBs to interpret priorities independently. This lack of clarity has led to fragmented and uneven delivery across regions.

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

Future approaches should focus on more consistent funding, clearer accountability, and better integration of services.

Question 6 a) How effective has statutory guidance to the Autism Act 2009 been in improving support for autistic people?

While the statutory guidance has had some positive impact, its effectiveness is limited by the lack of enforcement and clarity. In Hampshire, progress has been made, however, much of this has relied on the goodwill and voluntary commitment of partners and community members. Without centrally agreed parameters or dedicated resources, delivery remains inconsistent and unsustainable.

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

While some areas demonstrate strong engagement, others fall short—largely due to the subjective nature of the guidance, which leaves expectations unclear. This ambiguity makes it difficult for Autism Partnership Boards to hold partners accountable or challenge inconsistent commitment.

Current funding pressures on both the NHS and Local Authorities further hinder progress. For example, the Hampshire Autism Partnership Board (HAPB), despite being a statutory function, is funded solely by Hampshire County Council, with no central funding allocated.

To improve consistency and accountability, statutory guidance could take inspiration from safeguarding frameworks, which clearly define collective responsibilities and expectations across agencies. A similar approach for autism policy would help ensure more transparent, enforceable, and equitable delivery nationwide.

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

Enhancing clarity, ensuring consistent application, and providing adequate resources are key.

Question 7 a) What processes are there for holding national and local bodies (including the Government, the NHS and local authorities) to account for progress against the autism strategy and statutory guidance?

While current processes include periodic reviews and public reporting, they lack robustness. At the national level, there is no clear implementation plan or mechanism for assessing progress, and no structured pathway for local reporting to central government. Locally, reporting is often led by board members without formal governance, making it difficult to hold partners accountable for inaction.

b) How could those processes be made more effective?

Stronger accountability measures, more frequent reviews, and greater transparency are recommended.

Section C: The Government's priorities

Question 8 a) The autism strategy for 2021 to 2026 says that the Government plans to take action to improve autistic people's lives across six priority areas:

- **improving understanding and acceptance of autism within society**
- **improving autistic people's access to education, and supporting transitions into adulthood**
- **supporting more autistic people into employment**
- **tackling health and care inequalities for autistic people**
- **building the right support in the community and supporting people in inpatient care**

- **improving support within the criminal and youth justice systems.**

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

Yes, these are the right priority areas as they address the most significant challenges faced by autistic people and align with the needs identified in the Hampshire strategy.

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

Additional priorities could include enhancing mental health support and increasing funding for autism research and community support. There is still overall a lack of understanding of autistic needs and support required.

Public understanding and acceptance

Question 9 a) What are the main problems with public understanding and acceptance of autistic people?

1. **Stigma and Misconceptions:** Many autistic individuals still face stigma and misconceptions about their condition. This can lead to social exclusion and discrimination in various aspects of life, including education, employment, and healthcare.
2. **Lack of Awareness:** There is a general lack of awareness and understanding of autism among the public. This includes misconceptions about the abilities and behaviours of autistic individuals, which can result in inappropriate responses and lack of support.
3. **Inconsistent Knowledge:** Awareness and understanding of autism can vary significantly across different regions and communities. This inconsistency can lead to uneven support and acceptance for autistic individuals.

b) What is going well?

The Hampshire strategy highlights several positive developments:

1. **Public Campaigns:** There have been successful public awareness campaigns that have helped to improve understanding and acceptance of autism. These campaigns have been instrumental in educating the public about autism and reducing stigma.
2. **Educational Programs:** Schools and workplaces are increasingly implementing educational programs to raise awareness about autism. These programs help to create more inclusive environments where autistic individuals can thrive.
3. **Media Representation:** There has been wider representation of autistic individuals in the media, which has contributed to a more accurate and positive portrayal of autism.

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

1. **Targeted Awareness Campaigns:** More widespread and targeted awareness campaigns are needed to reach different segments of the population. These campaigns should focus on dispelling myths and providing accurate information about autism.
2. **Education in Schools:** Integrating autism education into school curriculums can help to foster understanding and acceptance from a young age. This can include training for teachers and educational materials for students.
3. **Workplace Training:** Providing training for employers and employees on autism can help to create more inclusive workplaces. This can include information on how to support autistic colleagues and make reasonable adjustments.

Question 10 a) What are the main problems with community inclusion for autistic people?

1. **Lack of Accessible Services:** Many autistic individuals struggle to access services that meet their needs. This includes healthcare, education, and social services. The lack of accessible services can lead to social isolation and exclusion.

2. **Social Isolation:** Autistic individuals often experience social isolation due to difficulties in social interactions and a lack of understanding from others. This isolation can have a significant impact on their mental health and well-being.
3. **Environmental Barriers:** Physical and sensory environments can be challenging for autistic individuals. For example, noisy or crowded places can be overwhelming and prevent them from participating in community activities.
4. **Lack of design:** Autistic-friendly design is often an afterthought rather than integrated from the outset. This results in public spaces, services, and facilities that are overwhelming or inaccessible due to sensory challenges, poor signage, or inflexible layouts—ultimately limiting participation and increasing isolation.

b) What is going well?

1. **Community Initiatives:** Various community initiatives have been successful in creating inclusive environments for autistic individuals. For example, the Serendipity Community Groups provide supportive and non-judgmental spaces where autistic adults can connect, share experiences, and participate in social activities. Support groups for autistic individuals and their families have been effective in providing peer support and reducing social isolation.
2. **Collaborative Efforts:** The Hampshire Autism Partnership Board has been working closely with local autism charities, health and social care services, and other stakeholders to improve community support. This collaborative approach ensures that the needs of autistic individuals are addressed comprehensively.
3. **Desire for training and lived experience recognition:** There has been an increase in organisations to receive training and work with the partnership to improve their knowledge and services. The importance in those with lived experience being part of training has also increased, and organisations clearly see the importance of individuals creating and/or delivering training and impact it makes.

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

1. **Increase Accessible Services:** Expanding the availability of accessible services tailored to the needs of autistic individuals is crucial. This includes healthcare, education, and social services that are designed to accommodate the unique needs of autistic people.
2. **Enhance Public Awareness:** Targeted awareness campaigns and educational programs in schools and workplaces can play a significant role in fostering understanding.
3. **Create Inclusive Environments:** Ensuring that physical and sensory environments are autism-friendly can help autistic individuals participate more fully in community activities. This includes making adjustments to reduce sensory overload and creating spaces that are welcoming and accommodating.
4. **Promote Social Opportunities:** Encouraging the development of more social opportunities and community groups for autistic individuals can help reduce social isolation. These groups should be designed to be inclusive and supportive, allowing autistic people to engage in their interests.
5. **Support for Families and Carers:** Providing support for the families and carers of autistic individuals is also important. This can include access to resources, respite care, and support groups that help families navigate the challenges of supporting an autistic family member.

Healthcare

Question 11 a) What pathways are there for the identification and support of autistic people, including:

- when they need it (including if they do not have a diagnosis);
 - through assessment, diagnosis and post-diagnostic support; and
 - throughout their lives?
1. **Early Identification:** The Hampshire strategy emphasises the importance of early identification. This includes training for professionals in education, healthcare, and social services to recognise the signs of autism and refer individuals for assessment as early as possible.

2. **Comprehensive Assessments:** Once a referral is made, a comprehensive assessment process is initiated. This involves a multidisciplinary team that includes psychologists, speech and language therapists, and other specialists. The assessment aims to provide a thorough understanding of the individual's needs and strengths.
3. **Diagnosis and Post-Diagnostic Support:** After diagnosis, individuals and their families are provided with post-diagnostic support. This includes information about autism, guidance on accessing services, and support groups. The strategy also highlights the importance of ongoing support to help individuals navigate different life stages.
4. **Lifelong Support:** The strategy recognises that autistic individuals may need support throughout their lives. This includes access to education, employment support, healthcare, and social care services. The pathways are designed to be flexible and responsive to the changing needs of autistic individuals over time.

b) What are the strengths of those pathways?

1. **Structured Approach:** The pathways provide a structured approach to identifying and supporting autistic individuals. This ensures that there is a clear process for assessment, diagnosis, and ongoing support.
2. **Multidisciplinary Involvement:** The involvement of multiple stakeholders, including healthcare professionals, educators, and social care providers, ensures that the needs of autistic individuals are addressed comprehensively. Overall the Hampshire public survey suggested people felt once they got to the assessment they were good quality, and staff had a good level of knowledge.
3. **Early Intervention:** Emphasising early identification and intervention helps to address the needs of autistic individuals as soon as possible, which can lead to better outcomes.
4. **Ongoing Support:** The pathways include provisions for ongoing support, recognizing that the needs of autistic individuals can change over time. This ensures that support is available throughout their lives.

c) What are the main problems with those pathways?

1. **Long Waiting Times:** One of the main issues is long waiting times for assessment and diagnosis. This can delay access to necessary support and services, exacerbating difficulties for autistic individuals and their families.
2. **Inconsistent Service Quality:** The quality of services can vary significantly across different regions. This inconsistency can lead to unequal access to support and services, depending on where an individual lives.
3. **Resource Constraints:** Adequate funding and resources remain a critical issue. Many local authorities and NHS bodies struggle to meet the demands placed on them, leading to insufficient support for autistic individuals.
4. **Lack of Awareness:** There is still a need for greater awareness and understanding of autism among professionals and the public. This can impact the effectiveness of the pathways, and the support provided.

Question 12 a) How can the Government improve assessment, diagnosis and post-diagnostic support for autistic people?

1. **Increasing Funding:** Adequate funding is essential to ensure that services can meet the growing demand. Increased investment in autism services can help reduce waiting times for assessment and diagnosis and improve the quality of post-diagnostic support for a range of needs levels.
2. **Reducing Waiting Times:** Long waiting times for assessment and diagnosis are a significant barrier. The government can address this by increasing the capacity of diagnostic services, hiring more specialists, and streamlining the assessment process.
3. **Ensuring Consistent Service Quality:** Service quality can vary significantly across different regions. The government can implement standardised guidelines and best practices to ensure that all autistic individuals receive high-quality support, regardless of where they live.

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

1. **Enhancing Early Intervention Programs:** Early intervention is crucial for improving outcomes for autistic individuals. The government can invest in programs that train professionals to recognise the signs of autism early and refer individuals for assessment and support.
2. **Providing More Resources for Undiagnosed Individuals:** Many autistic individuals remain undiagnosed, particularly female adults and those that don't fit the 'typical' presentation. The government can provide resources and support for these individuals.
3. **Community Outreach:** Increasing community outreach efforts can help identify autistic individuals who may not have access to formal diagnostic services. This includes working with local organisations and community groups to raise awareness and provide support.

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

1. **Ensuring Lifelong Support Services:** Autistic individuals may need support at different stages of their lives. The government can ensure that services are available to meet these needs, including healthcare, education, employment support, and social care.
2. **Better Transition Planning:** Transitioning from childhood to adulthood can be challenging for autistic individuals. The government can improve transition planning by providing tailored support and resources to help individuals navigate this process.
3. **Integrated Services:** Creating integrated services that address the diverse needs of autistic individuals can improve support throughout their lives. This includes collaboration between healthcare, education, social care, and employment services.

Question 13 a) What are the main problems for autistic people in accessing healthcare?

Key barriers:

1. **Lack of Trained Professionals:** Many healthcare professionals lack specific training in autism, which can lead to misunderstandings and inadequate support for autistic individuals. This gap in knowledge can result in misdiagnosis or inappropriate treatment.
2. **Inaccessible Services:** Healthcare services are often not designed with the needs of autistic individuals in mind. Physical environments that can be overwhelming due to sensory issues, as well as communication barriers that make it difficult for autistic individuals to express their needs.
3. **Long Waiting Times:** Autistic individuals frequently face long waiting times for assessments and treatments, which can delay access to necessary healthcare services and exacerbate their difficulties.
4. **Inconsistent Service Quality:** The quality of healthcare services can vary significantly across different regions, leading to unequal access to support depending on where an individual lives.

b) What is going well?

1. **Specialised Services:** Some areas have developed specialised healthcare services tailored to the needs of autistic individuals. These services are designed to be more accessible and responsive to the unique challenges faced by autistic people.
2. **Training Programs:** There have been successful training programs for healthcare professionals that improve their understanding of autism. These programs help professionals provide more appropriate and effective support to autistic individuals.
3. **Collaborative Efforts:** Collaborative efforts between healthcare providers, autism charities, and local authorities have led to better coordination and support for autistic individuals. This includes integrated care pathways that address the diverse needs of autistic people.

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

1. **Improving Practical Training for Healthcare Professionals:** Increasing the availability and quality of training programs for healthcare professionals can help them better understand and support autistic individuals where these can be put into practice effectively. This includes training on autism-specific communication techniques and sensory-friendly practices.

2. **Making Services More Accessible:** Healthcare services should be designed to be more accessible to autistic individuals. This includes creating sensory-friendly environments, providing clear and simple communication, and ensuring that services are flexible and responsive to individual needs.
 3. **Reducing Waiting Times:** Addressing long waiting times for assessments and treatments is crucial. This can be achieved by increasing the capacity of healthcare services, hiring more specialists, and streamlining processes to ensure timely access to care.
 4. **Standardising Service Quality:** Implementing standardised guidelines and best practices across all regions can help ensure that autistic individuals receive high-quality healthcare services, regardless of where they live.
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Community support and Inpatient Care

Question 14

a) What are the main problems with access to community support for autistic people?

The main challenges in accessing community support for autistic people include:

1. **Limited Availability:** There is a shortage of services specifically tailored to autistic individuals, leading to long waiting times and unmet needs.
2. **Inconsistent Quality:** The quality and scope of community support vary significantly by region, resulting in unequal access depending on where someone lives.
3. **Mismatch Between Needs and Provision:** Community support often fails to reflect the diverse and complex needs of autistic individuals. This makes commissioning challenging, as services that work well for one group may not be suitable for others. For example, some SEND sessions are only accessible to children and young people with lower support needs, leaving those with more complex needs excluded despite being deemed 'SEND friendly'. The Hampshire Strategy revealed people often feel there is a ceiling on support available.

b) What is going well?

The strategy highlights several positive developments:

1. **Effective Community Programs:** Some community programs have been successful and well-received. For example, the Serendipity Community Groups provide supportive environments where autistic adults can connect and participate in social activities. These groups are facilitated by trained volunteers and are designed to be flexible and welcoming.
2. **Collaborative Efforts:** Collaborative efforts between local authorities, autism charities, and community organisations have led to better coordination and support for autistic individuals. This includes integrated care pathways that address the diverse needs of autistic people.

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

1. **Expanding Services:** Increasing the availability of community support services is crucial. This includes investing in new programs and expanding existing ones to meet the growing demand.
2. **Ensuring Consistent Quality:** Implementing standardised guidelines and best practices can help ensure that all autistic individuals receive high-quality support, regardless of where they live. This includes training for service providers and regular evaluations to maintain service standards.

d) How can the use of inpatient care be reduced?

1. **Improved Community Support:** Expanding access to tailored community services, including mental health and social care, can help prevent crises that lead to hospital admissions.
2. **Early Intervention:** Identifying and addressing needs early—particularly during periods of transition or increased stress can reduce the likelihood of escalation.
3. **Understanding Autistic Burnout:** Greater awareness and recognition of autistic burnout is essential. Many individuals reach crisis point due to prolonged exposure to unsuitable environments or unmet

needs. By identifying signs of burnout early and providing appropriate support, it is possible to intervene before inpatient care becomes necessary.

Question 15

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

1. **Inconsistencies in Service Provision:** The quality of healthcare and community support services can vary significantly across different regions. This inconsistency can lead to unequal access to effective support, depending on where an individual lives.
2. **Lack of Specialised Training:** Many healthcare and community support professionals lack specific training in autism, which can lead to misunderstandings and inadequate support for autistic individuals.

b) What is going well?

1. **Effective Programs:** Some regions have implemented effective programs and training initiatives that improve the quality of support for autistic individuals.
2. **Training Initiatives:** Successful training programs for healthcare and community support professionals have improved their understanding of autism. These programs help professionals provide more appropriate and effective support to autistic individuals.
3. **Reporting improvements:** There is improved reporting now through LDAP and elements such as health checks, reasonable adjustment flag, LeDeR etc.

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

1. **Standardising Training:** Increasing the availability and quality of training programs for healthcare and community support professionals can help them better understand and support autistic individuals. This includes training on autism-specific communication techniques and sensory-friendly practices.
2. **Standardising Service Provision:** Implementing standardised guidelines and best practices across all regions can help ensure that autistic individuals receive high-quality healthcare and community support services, regardless of where they live.

Education and transitions to adulthood

Question 16

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

1. **Lack of Tailored Support:** Many schools struggle to provide tailored support that meets the unique needs of autistic children and young people. This can include difficulties in adapting teaching methods and environments to accommodate sensory sensitivities and communication challenges.
2. **Understanding in Schools:** There is often a lack of understanding and awareness of autism among educators and school staff. This can lead to misunderstandings, inappropriate responses, and insufficient support for autistic students.
3. **Inconsistent Provision:** The quality and availability of educational support for autistic children and young people vary significantly across schools and regions, resulting in a postcode lottery. Approaches differ widely between schools, teachers, and colleges, leading to inconsistent experiences and a lack of trust among parents. Additionally, many autistic pupils are still penalised for behaviours that stem from unmet needs or a lack of appropriate adjustments—highlighting the ongoing need for greater awareness and inclusive practice within education settings.

b) What is going well?

1. **Effective Support Programs:** Some schools have implemented effective support programs that are specifically designed for autistic students. These programs include tailored teaching methods, sensory-friendly environments, and specialised staff training.

- 2. Inclusive Education Initiatives:** There are initiatives aimed at promoting inclusive education, ensuring that autistic students can participate fully in school activities and receive the support they need to succeed.
- 3. Collaborative Efforts:** Schools are increasingly working with local autism charities and support organisations to improve their understanding of autism and enhance the support they provide to autistic students.

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

- 1. Providing More Resources:** Increasing the availability of resources for schools to support autistic students is crucial. This includes funding for specialised staff, training programs, and sensory-friendly materials. Also thinking about design in resource provision's and new schools.
- 2. Training for Educators:** Enhancing training for educators and school staff can improve their understanding of autism and their ability to provide appropriate support. This includes training on autism-specific teaching methods and communication techniques at point of initial teacher training.
- 3. Standardising Support:** Implementing standardised guidelines and best practices across all schools can help ensure that autistic students receive consistent and high-quality support, regardless of where they live.

Question 17

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

Autistic young people face several significant challenges during the transition to adulthood, particularly when moving from children's to adult services:

- 1. Lack of Continuity:** Support often drops off at the point of transition, creating gaps in care and leaving young people without the services they previously relied on.
- 2. Inadequate Planning:** Transition planning is frequently insufficient or delayed, resulting in young people being unprepared for changes in healthcare, education, and employment pathways.
- 3. Limited Support:** There is often a lack of tailored support to help autistic individuals navigate new environments and responsibilities, leading to increased anxiety and reduced independence.

A key structural issue is the mismatch between the broad scope of support available in children's services—such as SEND provision—and the narrower eligibility criteria in adult services, which may only cover learning disabilities, mental health, or physical disabilities. This leaves many autistic young people without continued support, despite ongoing needs.

Additionally, schools often do not provide adequate life skills or social curriculum (particularly in mainstream schools) from an autistic perspective, meaning many young people leave education without the tools needed for independent living or successful adult transitions.

b) What is going well?

The Hampshire Strategy highlights several positive developments in supporting transitions:

- 1. Transition Programs:** Some areas have developed structured transition programs (IFT) that provide comprehensive support and guidance for autistic young people moving from children's to adult services.
- 2. Collaborative Efforts:** There are collaborative efforts between schools, healthcare providers, and social services to create seamless transition pathways. These collaborations help to address the diverse needs of autistic young people and ensure they receive the necessary support.
- 3. Personalised Planning:** Personalised transition planning is increasingly being implemented, where individual needs and preferences are taken into account. This approach helps to create tailored support plans that better prepare autistic young people for adulthood.

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

1. **Enhanced Transition Planning:** Improving transition planning by starting the process early and involving all relevant stakeholders, including the young person and their family, can help ensure a smoother transition. This includes creating detailed transition plans that outline the steps and support needed with autism affirming outcomes.
 2. **Increased Support Services:** Expanding the availability of support services for young people transitioning to adulthood is crucial. This includes access to mental health services, work experience, vocational training, and independent living skills programs.
 3. **Better Coordination:** Ensuring better coordination between children's and adult services can help prevent gaps in support. This includes creating integrated pathways that facilitate seamless transitions and continuous support.
 4. **Training for Professionals:** Providing training for professionals involved in the transition process can improve their understanding of the unique challenges faced by autistic young people. This includes training on autism-specific needs and effective transition planning.
 5. **Peer Support Programs:** Developing peer support programs where autistic young people can connect with others who have gone through similar transitions can provide valuable guidance and emotional support.
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Employment

Question 18

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

1. **Lack of Tailored Career Guidance:** Many schools do not provide career guidance that is specifically tailored to the needs of autistic young people. This can leave them unprepared for the workplace.
2. **Insufficient Workplace Accommodations:** Workplaces often lack the necessary accommodations to support autistic employees. This can include adjustments to the physical environment, flexible working hours, and support with social interactions.
3. **Stigma from Employers:** Autistic individuals frequently face stigma and misconceptions from employers, which can hinder their chances of being hired and supported in the workplace.

The Hampshire Strategy survey clearly showed autistic students struggled to obtain work experience due to being autistic and the only opportunities were to work at parents workplaces, meaning the opportunities for autistic students is narrower. 75% of people stated they felt they needed support at work but only 25% felt the support they had met those needs.

b) What is going well?

1. **Successful Initiatives and Programs:** There are more initiatives and programs that have been successful in supporting autistic young people in finding employment. These programs often provide tailored career guidance, job coaching, and support with job applications and interviews.
2. **Employer Awareness:** Some employers are becoming more aware of the benefits of hiring autistic individuals and are taking steps to create more inclusive workplaces.

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

1. **Enhancing Career Guidance in Schools:** Providing more tailored career guidance in schools can help autistic young people prepare for the transition to work. This includes information on different career paths, job application skills, and interview techniques.
2. **Increasing Employer Awareness and Training:** Employers can benefit from training on autism to better understand the needs of autistic employees and how to support them effectively. This includes training on reasonable adjustments and creating an inclusive workplace culture.
3. **Providing More Supported Employment Opportunities:** Expanding supported employment programs can help autistic individuals find and maintain employment. These programs offer job coaching, workplace accommodations, and ongoing support to ensure success in the workplace.

Question 19

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

1. **Workplace Discrimination:** Autistic individuals often face discrimination in the workplace, which can prevent them from being hired or advancing in their careers.
2. **Lack of Understanding and Accommodations:** Many workplaces do not have a sufficient understanding of autism or the necessary accommodations to support autistic employees. This can include adjustments to the physical environment, flexible working hours, and support with interactions.
3. **Difficulties with Social Interactions:** Social interactions can be challenging for autistic individuals, and this can impact their ability to integrate into the workplace and build relationships with colleagues.

The traditional recruitment processes are still not autistic friendly, often with very ambiguous role profiles and interviews that autistic individuals stated 'feel like a test' rather than opportunity to gain the best out of candidates. Many in the survey also stated being able to advance careers is difficult (despite having the skills to do senior roles) without having to manage others which can be more difficult for autistic people.

b) What is going well?

1. **Inclusive Practices:** Some employers are implementing inclusive practices and providing necessary accommodations for autistic employees. This includes creating sensory-friendly work environments, offering flexible working hours, and providing support with social interactions.
2. **Employer Training:** There are training programs available for employers to help them understand autism and how to support autistic employees effectively. These programs can improve workplace culture and reduce stigma.

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

1. **Promoting Inclusive Hiring Practices:** Employers can adopt inclusive hiring practices that consider the needs of autistic individuals. This includes providing clear job descriptions, offering alternative interview formats, and ensuring a supportive recruitment process.
2. **Offering Workplace Training on Autism:** Providing training for employers and employees on autism can help create a more inclusive workplace. This includes training on reasonable adjustments, communication techniques, and understanding the strengths and challenges of autistic individuals.
3. **Providing Ongoing Support for Autistic Employees:** Ensuring that autistic employees have access to ongoing support can help them succeed in the workplace. This includes job coaching, mentoring, and regular check-ins to address any challenges that arise.

Criminal and Youth Justice

Question 20

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

1. **Lack of Awareness and Training:** Many professionals within the criminal and youth justice systems lack specific training on autism. This can lead to misunderstandings, inappropriate responses, and inadequate support for autistic individuals.
2. **Inconsistent Support:** The quality and availability of support for autistic individuals can vary significantly across different regions and institutions. This inconsistency can result in unequal access to necessary accommodations and services.
3. **Communication Barriers:** Autistic individuals may face significant challenges in communicating their needs and understanding legal processes. This can lead to difficulties in navigating the justice system and advocating for themselves.
4. **Sensory Overload:** The environments within the criminal and youth justice systems can be overwhelming for autistic individuals due to sensory sensitivities. This can exacerbate stress and anxiety, making it harder for them to cope.

b) What is going well?

1. **Specialised Programs:** Some areas have developed specialised programs designed to support autistic individuals within the justice system. These programs aim to provide tailored support and accommodations to meet the unique needs of autistic people.
2. **Collaborative Efforts:** There are collaborative efforts between justice system professionals, autism charities, and local authorities to improve support for autistic individuals. These collaborations help to create more informed and responsive systems.
3. **Training Initiatives:** Training programs for justice system professionals are being implemented to improve their understanding of autism. These programs help professionals provide more appropriate and effective support to autistic individuals.

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

1. **Enhanced Training:** Increasing the availability and quality of training programs for professionals within the criminal and youth justice systems can help them better understand and support autistic individuals. This includes training on autism-specific communication techniques and sensory-friendly practices.
 2. **Standardising Support:** Implementing standardised guidelines and best practices across all regions and institutions can help ensure that autistic individuals receive consistent and high-quality support. This includes creating autism-friendly environments and providing necessary accommodations.
 3. **Improving Communication:** Developing tools and resources to assist autistic individuals in communicating their needs and understanding legal processes can help them navigate the justice system more effectively. This includes providing clear and simple information and offering support from trained advocates.
 4. **Creating Sensory-Friendly Environments:** Making adjustments to the physical environments within the justice system to reduce sensory overload can help autistic individuals cope better. This includes creating quiet spaces and minimizing sensory triggers.
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Section D: Scotland, Wales and Northern Ireland, and around the world

Question 21 a) What could the UK Government learn from the devolved governments in Scotland, Wales and Northern Ireland on effective ways to support autistic people?

The UK Government can draw valuable lessons from the devolved administrations in Scotland, Wales, and Northern Ireland, each of which has implemented more tailored and structured approaches to autism support.

Scotland's Autism Strategy emphasises early intervention, community-based support, and outcome-focused measures that promote respect, inclusion, and long-term wellbeing. This aligns closely with Hampshire's own strategy, particularly in its focus on early identification and timely support.

Wales has established the Integrated Autism Service, which provides consistent access to adult diagnosis, community support, and family guidance through specialist teams in every region. This model has helped reduce waiting times and ensure more equitable provision—reflecting the kind of specialist, tailored support highlighted in Hampshire's local survey findings.

Northern Ireland's approach is notable for its strong emphasis on stakeholder engagement, with autistic individuals and their families actively involved in shaping policy. This level of consultation and clarity in governance could serve as a model for improving transparency and accountability across England.

Notably, Northern Ireland's reported prevalence of autism among school-aged children rose from 3.3% in 2018/19 to 5% in 2022/23, with 40% of those identified coming from the most deprived areas. This raises important questions about whether better data collection, cultural recognition, or service accessibility are contributing to more accurate reporting - areas the UK Government should explore further.

b) How should the UK Government work with the devolved governments in supporting autistic people?

1. **Coordinated Policy Development:** Working together to develop coordinated policies can ensure that the needs of autistic individuals are addressed consistently across the UK. This includes aligning strategies and sharing successful initiatives.
2. **Sharing Best Practices:** Regularly sharing best practices and successful programs from each devolved government can help improve support services. This includes learning from areas that have successfully improved service delivery.
3. **Joint Training Programs:** Developing joint training programs for professionals across the UK can improve understanding and support for autistic individuals. This includes training on autism-specific needs and effective support strategies.

We can detail regarding Hampshire County Council being part of this process and an opportunity to help shape services that have needs of autistic people as a consistent consideration within all aspects of services.

Question 22 What could the UK Government learn from other countries around the world on effective ways to support autistic people?

The UK Government can learn from international examples of inclusive education systems, employment support programs, and comprehensive healthcare services:

1. **Sweden:** Sweden is known for its excellent healthcare and education services for autistic individuals. The country offers a strong support system that emphasises inclusion. Sweden's approach includes early intervention programs and comprehensive support throughout an individual's life.
2. **Canada:** Canada provides a wide range of services and support for autistic individuals, focusing on creating an inclusive environment that fosters acceptance and understanding. Canada's employment support programs and inclusive education initiatives are particularly noteworthy.
3. **Australia:** Australia is recognised for its research initiatives, early intervention programs, and autism-friendly public spaces. The country offers comprehensive support for autistic individuals and their families, including tailored healthcare services and community support programs.

(Reference: [Ranking the Most Autism-Friendly Countries in the World - Autism Therapy for Children](#), [Top Autism-Friendly Countries for Adults](#), [Autism Rates by Country 2025](#))

While these approaches from Scotland, Wales, and Northern Ireland offer valuable insights, scaling them up to fit England's larger demographics, rurality, and infrastructure presents unique challenges:

1. **Demographics:** England's population is significantly larger and more diverse than that of Scotland, Wales, and Northern Ireland. Tailoring support services to meet the varied needs of different regions and communities will require careful planning and resource allocation.
 2. **Rurality:** Rural areas in England may face additional challenges in accessing support services due to geographical isolation and limited infrastructure. Ensuring that rural communities receive adequate support will require targeted strategies and investment in local services.
 3. **Infrastructure:** The existing infrastructure in England may need to be adapted to accommodate the scaling up of successful initiatives from smaller authorities. This includes investing in specialist teams, enhancing coordination between government departments, and ensuring consistent service quality across all regions.
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Summary of Autism Act Committee Response

The Hampshire Autism Partnership collectively believes the Government needs to focus on putting existing evidence into action rather than conducting further reviews. The needs of autistic individuals are well-documented, and the priority should be on addressing these needs promptly.

The evidence highlights the importance of early identification and diagnosis, access to healthcare, tailored support in education, employment support, community and social support, housing, and independent living. Despite the existing strategies and policies, there is a clear lack of action and implementation, leading to inconsistent support and services across different regions.

The Hampshire strategy emphasises the importance of early intervention, continuous data collection, and analysis to track changes over time. It also highlights the need for better training for healthcare professionals, inclusive hiring practices, and robust community support networks. However, there is a clear need for more decisive action to instigate real change. The focus has repeatedly been on reducing diagnosis rates, EHCPs, and support services, rather than addressing the actual needs of autistic individuals. The national strategy has only had one implementation plan since being published, and there has been no subsequent plan to outline how the strategy's aims will be met.

The Hampshire Autism All-Age Strategy highlights the significant lack of clear and consistent data regarding the prevalence and demographics of autistic individuals. The removal of Asperger's Syndrome from the DSM has complicated the medical coding, and there is no statutory requirement for a central autism register. This makes it difficult to determine accurate prevalence rates and demographic breakdowns. Data from the ICB suggests that approximately 1.5% of the population is recorded as autistic in GP systems, but this does not account for individuals awaiting diagnosis or those diagnosed privately.

The strategy points out the significant barriers faced by autistic individuals in accessing education, healthcare, and employment. These include long waiting times for diagnosis, lack of tailored support, and inconsistent service quality. The Hampshire Strategy revealed that people often feel there is a ceiling on support available. The Government must ensure that services are designed to accommodate the unique needs of autistic individuals, including creating sensory-friendly environments and providing clear and simple communication.

The subjectivity of current policies, coupled with a lack of clarity and direction, contributes to a postcode lottery in service provision. Although there is clear statutory guidance, the governance around this guidance and the lack of specificity regarding the expectations of core partners create ambiguity. This leads to inconsistent investment and accountability among partners. The statutory guidance has had some positive impact, but its effectiveness is limited by the lack of enforcement and clarity. In Hampshire, progress has been made, but much of this has relied on the goodwill and voluntary commitment of partners and community members. Without centrally agreed parameters or dedicated

resources, delivery remains inconsistent and unsustainable.

The Hampshire Autism Partnership Board calls for more consistent funding, clearer accountability, and better integration of services. The Government should prioritise enhancing public awareness and understanding of autism, providing training for professionals, and creating inclusive environments. The focus should be on practical solutions that address the immediate needs of autistic individuals and their families.

In conclusion, the Hampshire Autism Partnership Board urges the Government to take immediate action based on the existing evidence. The needs of autistic individuals are clear, and further reviews will only delay the necessary support and services. The priority should be on implementing the strategies and policies already in place to improve the lives of autistic individuals and their families.

Small changes have a big impact

What is our quality opportunity in care for autistic people?

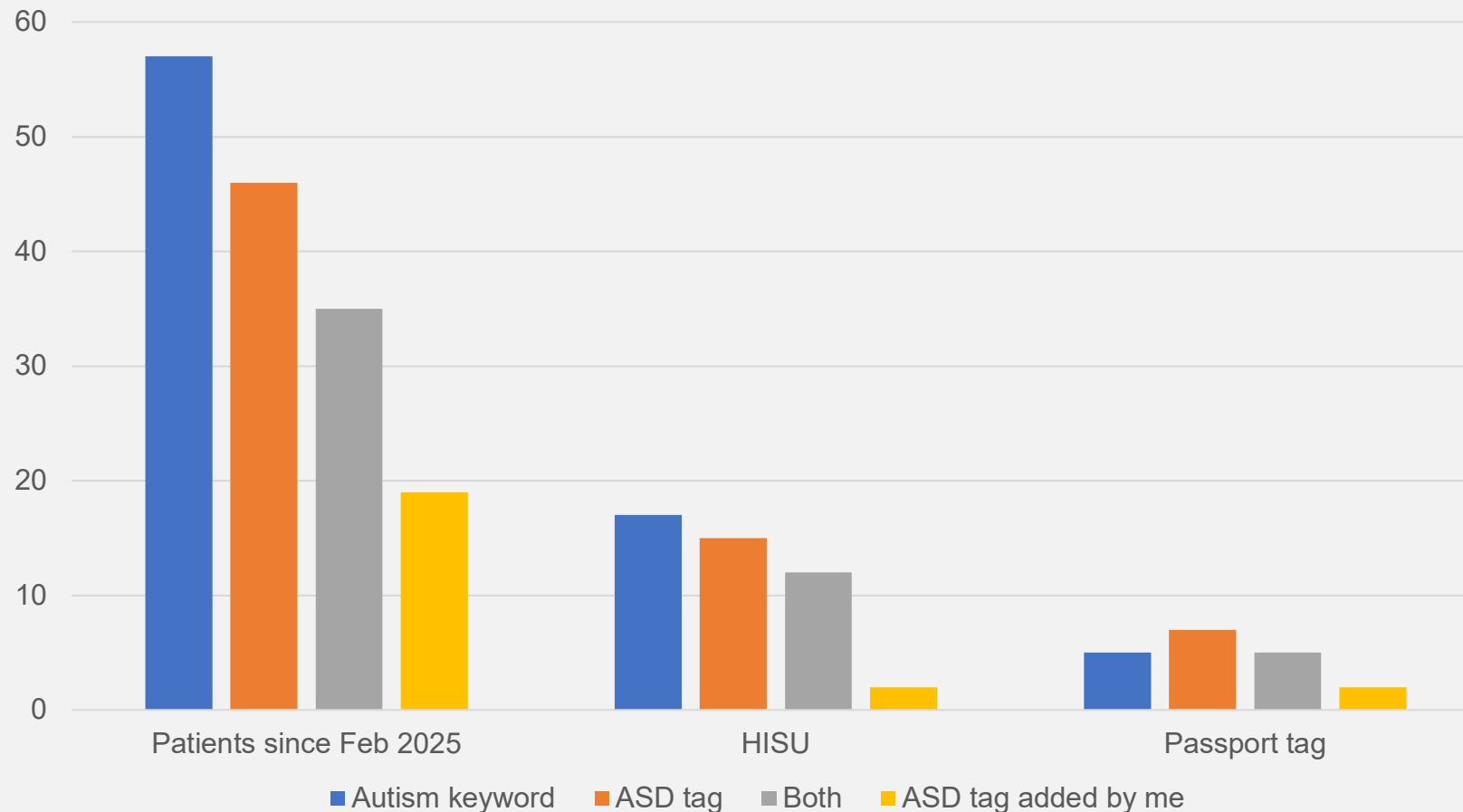
Helen Toomer-Jones
Autism Specialist Lead for HHFT (Seconded)

Nothing About Me Without Me

Question: Of the In-Patients visible on EPR Feb 2025 to date how do we identify those who are autistic and who may require reasonable adjustments or support?

Method 1:

In-Patients with Keyword/ASD tag since Feb 2025

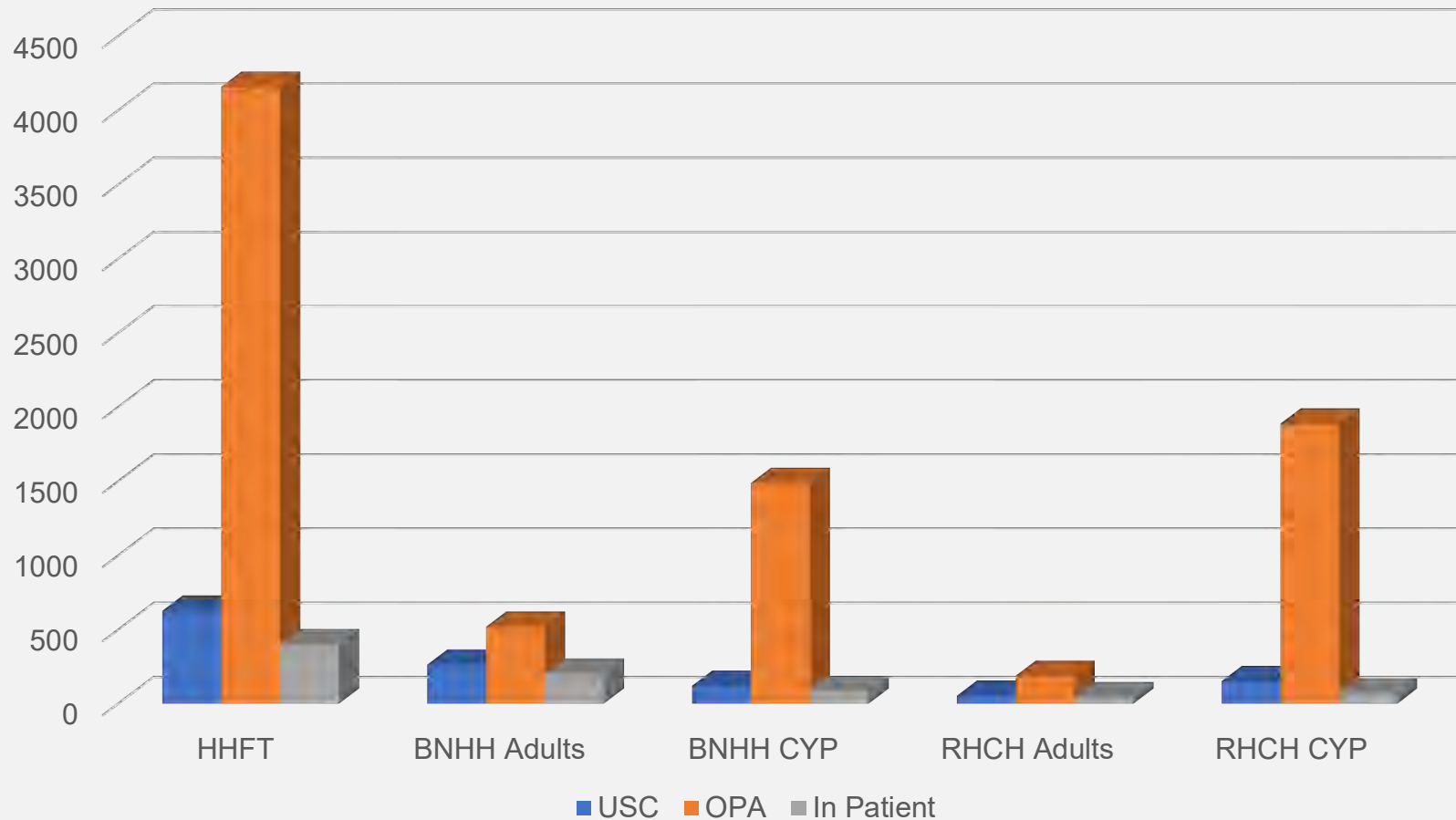


- There are two ways to identify autistic patients within our systems. These are not being applied uniformly.
- The number of patients who are identified having a passport is very low.
- Autistic patients are likely to be High Intensity Service Users (HISU)

Question: Are we able to visualise all the autistic people accessing HHFT services?

Method 2:

Power BI data April 2024-April 2025: ASD Tags



CYP:

75% of HHFT ASD tags are CYP

OPA:

80% of HHFT ASD tags are patients attending **OPA's**

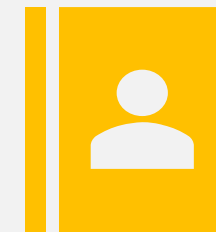
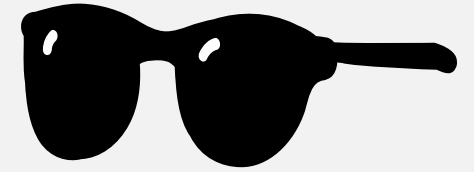
Adults:

BNHH have 77% of HHFT ASD tags. 69% of these are **USC**

In-patient: Representation is much lower however many complaints and incidents originate from this patient group due to LoS and other factors.

Conclusions from the numbers

- We need a clear and consistent process for identification of those who are neurodivergent and who need reasonable adjustments.
- We need a clear and simple standard process or standard of communication for staff to use to aid communication around needs and preferences.
- The current ASD Tag is a clinical diagnostic tag which excludes those who are waiting for a diagnosis or those who identify as neurodivergent but choose not to seek a diagnosis.
- The tag is also a puzzle primary ribbon. It will be changed to a rainbow infinity symbol to make it more meaningful to autistic people.
- The name of the tag will be changed from ASD to Autism to aid identification.
- We need to increase the use of passports and or One Page Profiles.



What is the quality opportunity?

- **Neuro-inclusive design to meet everyone's needs, not just autistic people.**
 - **Reasonable adjustments (RA's)** – use of passports or one-page profiles, use of a RA flag/tag
 - **Patient Experience Feedback/Insights** – co-production model – anyone who is autistic or, awaiting a diagnosis or who cares for supports an autistic person is welcome
 - **Review of training offers** to support the theory to practice gap e.g. professional discussion, guidance and care planning as well as the Autism Reality Experience offer
 - [Autism Resource :: Hampshire Hospitals Trustnet](#) Intranet resource page (internal)
 - **Overarching QI Project** to bring together all the good work within HHFT.
- **Later opportunities**
 - Community of Practice – NATP
 - External Autism and Reasonable Adjustments resource on Trust Website
 - Autism Friendly Accreditation for the Trust
 - Best practice centre for care of autistic people



For youth participation group:

“Neuro-affirmative language means using terms that promote acceptance, and focuses on the strengths of neurodivergent individuals, recognising that neurodivergence is a natural variation of human diversity. As professionals, being aware of neuro-affirmative language is important for you as it helps to create supportive environments where neurodivergent children, young people, and their families feel valued and understood. Using neuro-affirmative language in your conversations and in written communication can help to foster positive self-identity, improve communication, and enhance overall well-being of the people you work with.

You might hear people talk about ‘neurodivergence’ and ‘neurodiverse’ and we wanted to explain what we understand these different terms to mean. **Neurodivergent** refers to an individual whose brain functions differently from what is considered ‘typical’, while **neurodiverse** describes a group of people that includes both neurodivergent and neurotypical individuals, highlighting the variety of neurological experiences within the group.

Neuro-affirmative language includes being mindful of how you refer to neurodivergent people, respecting their preferences. Historically, people have used ‘person-first’ language to refer to neurodivergent people, for example “a person *with* autism”. Some people still prefer this, as they do not want to be defined by their neurodivergence. However, research now suggests that the majority of Autistic people and their loved ones prefer ‘identity-first’ language, such as “Autistic person”, emphasising that their neurodivergence is an integral part of their identity that they cannot be separated from. Of course, everyone is different and less is known about the preferences of people who are not Autistic but otherwise neurodivergent. So, it is always important to check out with the individual you are working with or writing about what language they would prefer to be used when referring to their neurodivergent identity. If you’re not sure, just ask them!

Using neuro-affirmative language also involves being respectful of an individual’s experiences and, where possible, not using words that imply that someone is deficient or lacking in a skill or quality. Words such as ‘high and low functioning’ have been used to describe neurodivergent people’s needs, particularly Autistic people. However, this language can be problematic as it simplifies the complexity of a person’s lived experience and doesn’t consider that people will have different strengths and areas of need in different areas; and that these needs might fluctuate dependent on the situation and over time. Referring to a person’s ‘support needs’ can be a more accurate and respectful way of understanding an individual’s experiences and requirements. It also promotes individuals sharing what they *can* do and advocating for the things that would help them”.



This:

- ☺ Autistic
- ☺ Non-speaking
- ☺ Unique perspective
- ☺ Spikey profile
- ☺ Support needs
- ☺ Capable
- ☺ Caring
- ☺ Communication differences
- ☺ Distressed behaviours
- ☺ Empath
- ☺ Creative
- ☺ Honest
- ☺ Deeply focused

Not this:

- ☹ ASD / Disorder
- ☹ Syndrome
- ☹ Non-verbal
- ☹ Deficit
- ☹ High or low functioning
- ☹ Suffering from
- ☹ Rude
- ☹ Incapable
- ☹ Lazy
- ☹ Anti-social
- ☹ Challenging
- ☹ Apathetic
- ☹ Fixed behaviours

Credit: Zoe Beasley