

All Ages Autism Joint Strategic needs assessment

February 2026

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- Autism influences how people experience (see, hear and feel) and interact with the world. It is a lifelong neurodivergence, which means the way autistic people's brains process information from the senses is different to, 'diverges' from, what is considered typical. It's something you're born with; signs of autism might be noticed when you're very young, or not until you're older. Autism is not a learning disability, but can co-occur with learning disabilities.
- A national survey conducted in 2023/4 estimates that 1% of the population is autistic. Applying this estimate to Islington there are an estimated 404 autistic children and young people in Islington and 1914 adults. We do not know the exact number of autistic people in Islington as we do not have local prevalence data, and these numbers are likely to underestimate the true prevalence.
- As awareness and acceptance of autism has increased, so has the demand for diagnostic services: in 2024/25 338 0-5 year olds, 551 5-18 year olds and 976 adults without a learning disability were referred to a diagnostic service. The percentage of referrals resulting in a diagnosis for adults (40%) is lower than for children 0-5 years (91%) and 5-18 years (66%). Waiting lists for diagnosis are long - around 2-3 years, compared to 3 months recommended by NICE.
- The number of children aged 5-18 in Islington and the number of adults in NCL diagnosed with autism has also increased (for adults this may be partly reflected by an increase in capacity in the adults diagnostic service due to increased demand).
- Islington schools tend to have large SEND cohorts; 1,477 (26.9%) of SEND pupils in Islington schools had autism as their primary need in 2024. This is the highest out of all local authorities in England and has increased by 64.7% between 2021 and 2024.
- National evidence suggests autistic children are more likely to have poor experiences of school (for example higher rates of school exclusions and high percentage of persistent absences). A new strategic approach termed the 'SEND Solar System of Change' is being implemented in Islington. The framework promotes inclusive practice, integrating early intervention, family support, and data-driven decision making.
- Autistic people are more likely to have a co-occurring mental health condition compared to the general population - diagnostic services in Islington link with mental health services when needed. Islington MIND has reported an increase in referrals of autistic people (including both people who have been diagnosed and those who identify as autistic but don't have a diagnosis). NHS talking therapies in Islington make reasonable adjustments to support autistic people by considering sensory sensitivities, emotional processing, and adapting timings in sessions.
- Autistic people have varying levels of needs, which is also reflected in their physical health needs. However, some evidence suggests that autistic people may be at higher risk for particular conditions such as epilepsy. Autistic people might require reasonable adjustments to enable them to access health services because of specific social, cultural and sensory challenges faced by autistic people.

- Work won't be appropriate for everyone on the autistic spectrum, but research from the National Autistic Society shows that the majority (76%) want to work. There are reasonable adjustments employers can offer reasonable adjustments to support autistic people gain, maintain and progress in employment (many of which are low/no cost). The Islington Supported Employment Team (ISET) can support autistic people to find paid employment, and also deliver information sessions to employers to help them support autistic people.
- Across the autistic spectrum, accessing suitable housing can be a challenge, some autistic people live with their family, others choose to move away from home.
- Existing evidence suggests that autistic children and adults are overrepresented in the criminal justice system often due to unmet support needs and gaps in social care. Autistic people are more likely to be victims and witnesses of crime than offenders. However, there is very little local data available on this. There are several reasons for this, including: it not being recorded in a consistent way, data permissions between services and underdiagnosis.
- There are specialist services in Islington providing support and care to autistic adults and their families, for example the autism health check and the autism hub. There are also many non-specialist services which offer support to autistic people and help with reasonable adjustments. Many of these services, e.g. housing, employment, mental health, social support and criminal and youth justice do not routinely record autism status so it is difficult to assess need and to what extent we are meeting it.
- There's a general need among all services for professionals to have a better awareness and understanding of autism, reasonable adjustments and how best to communicate with and support autistic people, to make sure autistic people have equitable access to health, housing, and employment services and opportunities, and to make sure autistic people and their carers know what support they are entitled to.
- There is a lack of local data on the prevalence of autistic children and adults; we rely on a 1% national prevalence estimate and apply this to our local population. However, looking at the number of autistic people known to services and diagnostic data that we have access to, we think this is likely an underestimate. Not having accurate prevalence data makes it more difficult to understand the needs of our autistic population.

Contextual

Language guide

The language we use is important as it can affect how we and other's think of and understand autistic people. Autistic people can be harmed by the stigma created by incorrect language or understanding of autistic people. Misunderstanding about autism can also make diagnosis and access to the right support more difficult.

Language about autism is still developing as we do more research and listen to autistic people's voices, but the most important overarching principle is to never imply that there is something 'wrong or 'broken' about autistic people. Below is a list of Dos and Don'ts about language used to guide this report, adapted from sources which consulted autistic people. It's important to respect the individual preferences of the autistic person you're talking to, and these preferences should override the below where they differ.

Do say	Avoid
<p>Try to use identity first language, such as is autistic, an autistic person, autistic child, autistic adult, has an autism diagnosis.</p> <p><i>Many (but not all) autistic people refer to themselves as being autistic as they see it as fundamental to who they are, not something they 'have'.</i></p>	<p>Try to avoid 'person first' language, such as person with autism, suffers from autism, struggles/copese with autism.</p> <p><i>Generally not preferred by autistic people as this language tries to separate autism from the autistic person. Terms like 'suffer' are outdated and negative..</i></p> <p><i>It's important to note that many people with disabilities prefer person first language where they do not see their disability as something they 'are', but something they 'have'. Some autistic people also feel this way, and prefer terms like 'person with autism' and you should always respect someone's personal preferences over the general guidance in this language guide.</i></p>

Do say	Avoid
<p>The current terminology used in diagnosis (in DSM and ICD) is ‘autism spectrum disorder’</p> <p><i>We should avoid the term disorder unless directly quoting medical manuals</i></p> <p>You can say autism spectrum condition or autism diagnosis. You can say autism is a form of ‘neurodivergence’, ‘autistic people are neurodivergent’</p> <p>Aspergers syndrome is no longer a diagnosis, but previously was a diagnosis that some autistic people were given (and still have). Some people who originally had the diagnosis still use the phrase, and some people prefer not to.</p>	<p>Try to avoid ‘pathologising’ language and words like ‘disorder’ e.g. ‘autism spectrum disorder’</p> <p><i>Most autistic people do not view themselves as having a ‘disorder’ and do not wish to be referred to by their diagnosis.</i></p> <p><i>Don’t refer to Asperger’s as a form (or mild form) of autism.</i></p>
<p>Autism is a disability, which is a protected characteristic, this means autistic people have legal protections against discrimination.</p> <p><i>Some autistic people don’t like to refer to autism as a disability and consider themselves ‘disabled’ by barriers in the environment.</i></p> <p>You can refer to support strategies, services, adjustments, therapies, or strategies to improve quality of life.</p>	<p>Disease/illness, mental illness, handicap, disfunction, syndrome, deficit, impairment</p> <p><i>Autism is none of these and this language is outdated.</i></p> <p>Therefore, you shouldn’t refer to ‘treatment’ or ‘cures’ because autism isn’t an illness and there is no cure, being autistic is a valid way to be.</p>
<p>Refer to autistic people’s traits, characteristics, autism profile etc.</p>	<p>Referring to ‘symptoms’ of autism</p> <p><i>Symptoms are associated with illness, and autism is not an illness.</i></p>

Do say	Avoid
<p>Autism is understood as a spectrum because each autistic person has a unique combination of characteristics. It's better to be specific about an autistic person's strengths and challenges and you could refer to whether they have high or low support needs.</p>	<p>'Everyone is a bit autistic' or 'everyone is on the spectrum'</p> <p><i>The spectrum refers to autistic people only, and these phrases are dismissive.</i></p> <p><i>Avoid talking about the spectrum as binary/linear, e.g. 'high functioning' 'low functioning' 'mild' 'severe' 'profound' autism or autistic people having 'special needs'. These terms are offensive. Terms like 'low' or 'severe' ignore autistic people's strengths and 'high' and 'mild' ignores autistic people's challenges. They don't reflect how needs vary or take into account environmental/societal barriers which don't meet an autistic person's needs. Try to be more specific when speaking about needs or challenges.</i></p>
<p>That autism is a form of neurodivergence, autistic people are neurodivergent</p> <p>Refer to people as 'non-autistic' 'not autistic' or 'neurotypical'</p>	<p>Refer to non-autistic people as 'normal'</p> <p><i>This implies autistic people aren't 'normal' and also implies there's only one way to be.</i></p>
<p>'Non-speaking autistic person' 'an autistic person who uses few/no words' or uses intermittent speech'</p> <p><i>When referring to the way autistic people communicate, it's better to be descriptive/specific</i></p>	<p>'Non-verbal' autistic person</p> <p><i>It's not accurate to use this phrase as it doesn't reflect that some autistic people who use few words often will still use words. It's better to describe how speech is used, and to bear in mid that speech isn't the only way to communicate.</i></p>
<p>Co-occurring conditions, such as ADHD, or mental health</p>	<p>Co-morbidities / Co-morbid conditions or disorders</p> <p><i>These terms feel scary and sound a bit like death, they also imply autism is a medical disorder so are best avoided.</i></p>

What is neurodiversity?

- **Neurodiversity** is the concept that all brains are different to each other.
- We're all **neurodiverse** and experience the world differently. Some groups have significant shared differences in the way they experience and interact with the world.
- **Neurodivergence** means the way information from the senses is processed by the brain is different to, 'diverges' from, what is considered typical.
- **Neurodivergent** people experience the world differently to 'neurotypical' people. There isn't an agreed set of groups who are considered neurodivergent, but autism and ADHD are commonly referred to as neurodivergences. Tourette's syndrome, learning difficulties (e.g. dyslexia, dyspraxia) and learning disabilities are among others which are also sometimes referred to as neurodivergences.
- A **neuro-affirmative approach** involves supporting neurodivergent people in a way that acknowledges their differences and does not try to remove them. A neuro-affirmative approach should identify and address the barriers a neurodivergent person may face in their environment and in the attitudes of other people towards them and their differences

What is Autism?

Autism influences how people experience (see, hear and feel) and interact with the world. It is a lifelong neurodivergence and disability*.

Autism is understood as a **spectrum**. Previously, we thought of the spectrum as a line between “more” and “less” autistic, but that isn’t right. While there are certain ‘core characteristics’ of autism needed for a formal diagnosis, each autistic person is unique and will have different strengths and challenges. It’s important to remember that these characteristics may vary over time or in different situations, and also autistic people may be **masking** to fit in. **All people on the autism spectrum can learn and develop and with the right support be helped to live a fulfilling life of their own choosing.**

In order for an **autism diagnosis** to be made, a person will usually be assessed as having lifelong differences compared to non-autistic people in

- Social communication and interaction
- Sensory processing
- Behaviours and interests.
 - For a diagnosis to be made, autistic people must display what are currently labelled as ‘**restricted and repetitive**’ patterns of behaviour which are seen as “affecting” everyday functioning. Many autistic people find these behaviours a helpful way to stay calm and happy, and prefer to describe them as ‘**stimming**’ (stimulatory) or ‘**self-regulatory behaviours**’.

Autism is **not**:

- An illness or disease, and cannot be ‘cured’. Many autistic people see autism as an important part of their identity and would not want to be cured.
- A learning disability or mental illness (but around a third of autistic people *also* have a learning disability. And autistic people are *more likely* to experience mental health problems).
- A predominantly male condition. Many women, girls and nonbinary people are autistic and evidence suggests that women and girls can often struggle to get a diagnosis or are more likely to receive a late diagnosis or be misdiagnosed.
- A lack of emotion. Autistic people process and express emotions differently.
- Caused by bad parenting, vaccines or linked to diet. Causes of autism are still being looked into, evidence suggests that autism may be genetic. Many experts believe there isn’t one specific cause’.

What is **masking**?

A strategy some autistic people use to hide their differences and to appear neurotypical to ‘fit in’. This can be conscious or unconscious. Masking can be exhausting, can make it harder to express your true self, might cause distressed behaviour, mental health difficulties or feelings of isolation. It also might make it more difficult to get a diagnosis. Masking might be more common for women, girls and non-binary people, this might be due to stereotypes of how people ‘should’ behave.

Legislation - The Autism Act 2009

- **First Law of Its Kind** - It is the first legislation in England specifically focused on the needs of autistic adults.
- **National Autism Strategy** - Requires the Secretary of State to publish and regularly update a national autism strategy to improve services for autistic adults.
- **Statutory Guidance** - The government must issue statutory guidance to local authorities and NHS bodies on how to implement the strategy.
- **Legal Duties for Local Authorities and NHS** - These bodies are legally required to follow the guidance, ensuring consistent and effective support across the country.
- **Training and Awareness** - Emphasises training for public service staff to improve understanding of autism and reduce barriers to support.
- **Improved Access to Services** - Aims to ensure autistic adults can access healthcare, social care, housing, and employment support more easily.
- **Monitoring and Accountability** - Local authorities must report on progress, ensuring transparency and continuous improvement.
- **Focus on Independence and Inclusion** - Encourages services that support independent living, employment, and community participation for autistic adults.

National strategy (2021)

Purpose - To improve the lives of autistic people of all ages in England by 2026, building on the previous adult-focused strategy Think Autism and extending support to children and young people for the first time.

Vision for 2026 - The government aims for a future where autistic people:

- Are understood and accepted in society.
- Have access to education, employment, and health services that meet their needs.
- Can live independently and feel supported in their communities.

Annual implementation plans will guide actions.

- Local authorities, the NHS, and voluntary sector partners are expected to work together.
- The strategy aligns with the Autism Act 2009 and existing statutory guidance.

[National strategy for autistic children, young people and adults: 2021 to 2026 - GOV.UK](https://www.gov.uk/government/consultations/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026)

The strategy has 6 priorities, which we've used to structure this JSNA around

National Autism strategy

1. Improving understanding and acceptance of autism within society
2. Improving autistic children and young people's access to education, and supporting positive transitions into adulthood
3. Supporting more autistic people into employment
4. Tackling health and care inequalities for autistic people
5. Building the right support in the community and supporting people in inpatient care
6. Improving support within the criminal and youth justice systems

National picture: prevalence

- The [Adult Psychiatric Morbidity Survey](#) (APMS) is one of best available sources of data on the prevalence of autism. It shows, that over three different time points (2007, 2014, 2023/4) the prevalence of autism in the general England population has remained stable at 1% [1,2].
- A higher prevalence of autism in men than women was found in all three APMS surveys. This is consistent with most research on autism. It is likely that while autism is more common in men than women, the difference between males and females may have been overstated and there has been a greater level of underdiagnosis in women [1]. Women are often misdiagnosed and more likely to go “under the radar” due to different presentations and stereotypes about autism. For example, women are more likely to mask (hide) their symptoms. However, the gender gap in diagnosis appears to be narrowing.
- The number of people diagnosed with autism has significantly increased between 1998 and 2018 in the UK [3]. This is likely due to range of factors including improved public awareness of the condition, changes to diagnostic thresholds, and people being diagnosed at an earlier age [1,4].
- Autistic adults are much more likely to be under-diagnosed . A review undertaken in 2025 found that 89% to 97% of autistic adults aged 40 and over are undiagnosed in the UK [5].
- Autism affects all ethnic and socioeconomic groups. Autistic people from Black, Asian and other ethnic minority communities can face barriers to getting a diagnosis meaning it can be harder for autistic people from these communities to get the support they need.
- Nationally, there are long waits to receive diagnosis. NHS England report from June 2025 shows that 89% of people waiting for an autism assessment have been waiting longer than the 13 weeks recommended by the National Institute for Health and Excellence (NICE) [6].

[1] Adult Pyschatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4. Chapter 10: Autism Spectrum Disorder. 2025. Available: [Chapter 10: Autism spectrum disorder - NHS England Digital](#)

[2] Brugha, T. S., McManus, S., Bankart, J., Smith, J., Scott, F. J., & Tyrer, P. (2011). Epidemiology of autism spectrum disorders in adults in the community in England. *Archives of General Psychiatry*, 68(5), 459–465.

[3] Russell, G., Stapley, S., Newlove-Delgado, T., Salmon, A., White, R., Warren, F., Pearson, A. and Ford, T. (2022). Time trends in autism diagnosis over 20 years: a UK population-based cohort study. *Journal of Child Psychology and Psychiatry*, [online] 63(6), pp.674–682. doi:<https://doi.org/10.1111/jcpp.13505>.

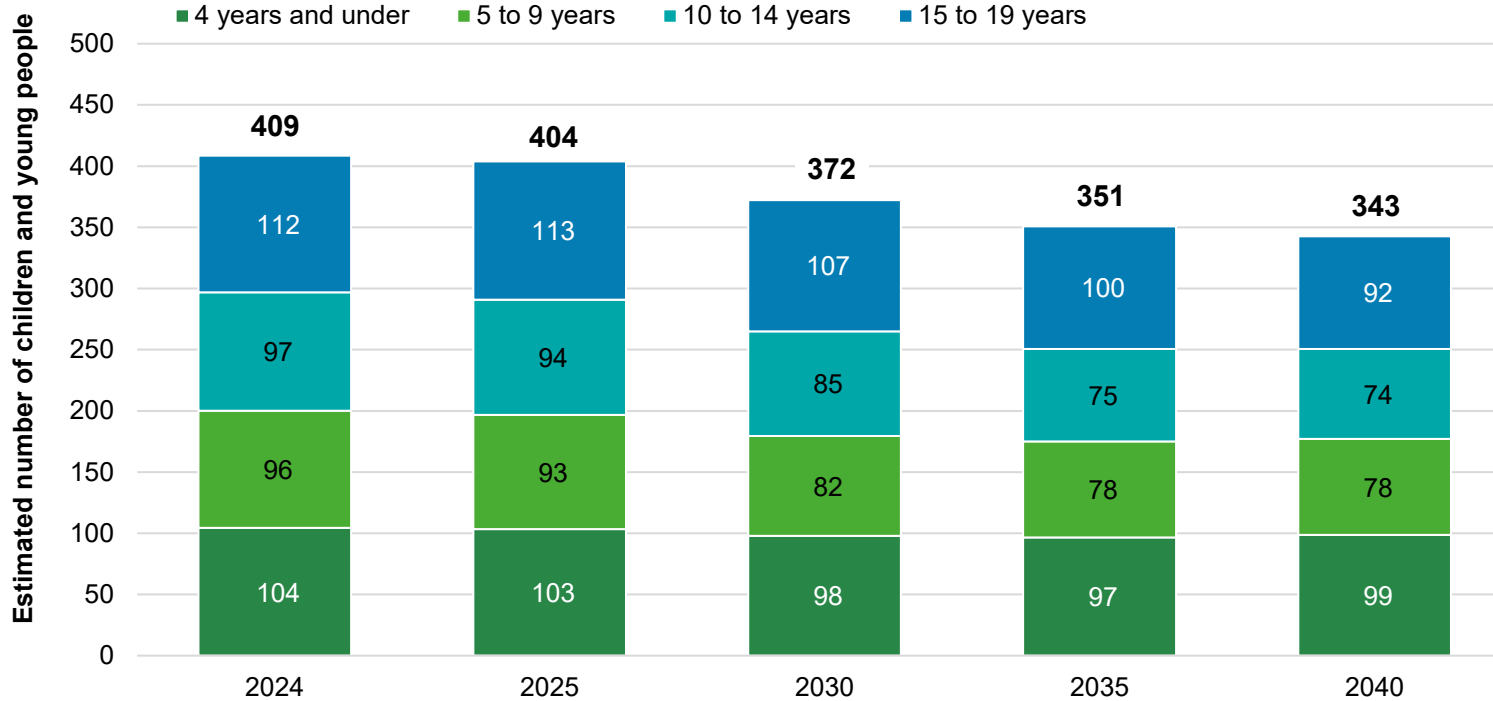
[4] Hosozawa M, Sacker A, Mandy W, Midouhas E, Flouri E, Cable N (2020) Determinants of an autism spectrum disorder diagnosis in childhood and adolescence: Evidence from the UK Millennium Cohort Study. *Autism* 24(6):1557–65.

[5] Stewart, G.R. and Happé, F. (2025). Aging Across the Autism Spectrum. *Annual Review of Developmental Psychology*. Available at: <https://doi.org/10.1146/annurev-devpsych-111323-090813>.

[6] National Autistic Society (2025). Autism assessment waiting times. Available from: <https://www.autism.org.uk/what-we-do/news/autism-assessment-waiting-times-11>

The local picture: prevalence and future need among children and young people

Estimated number of children and young people (aged 19 and under) predicted to have autistic spectrum conditions, by age group, Islington, 2024 - 2040



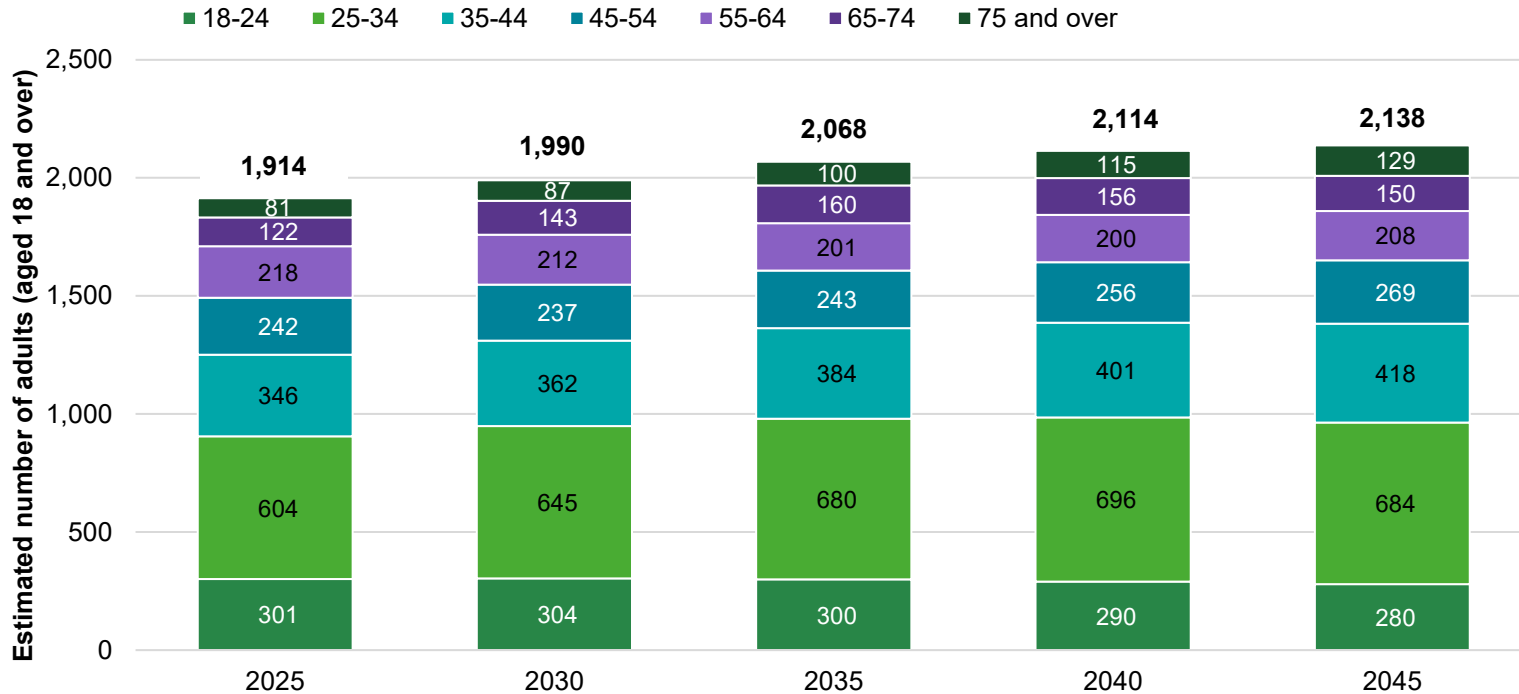
Note: These predictions are based on 1% prevalence rate for autism in children and young people in the UK, a commonly conservative estimate used for planning and service provision.

Source: GLA 2022-round housing led population projections.

- Nationally, it is predicted that 1% of the general population is autistic.
- Applying this figure locally, it is estimated that in 2024, 409 children living in Islington were autistic.
- Due to the projected decrease in Islington’s child population, it is estimated there will be 342 autistic children living in the borough in 2040.
- This is likely to be an underestimate given increasing awareness of autism, improvements in screening tools and increased diagnosis.

The local picture: prevalence and future need among adults

Estimated number of adults (aged 18 and over) predicted to have autistic spectrum conditions, by age group, Islington, 2025 - 2045

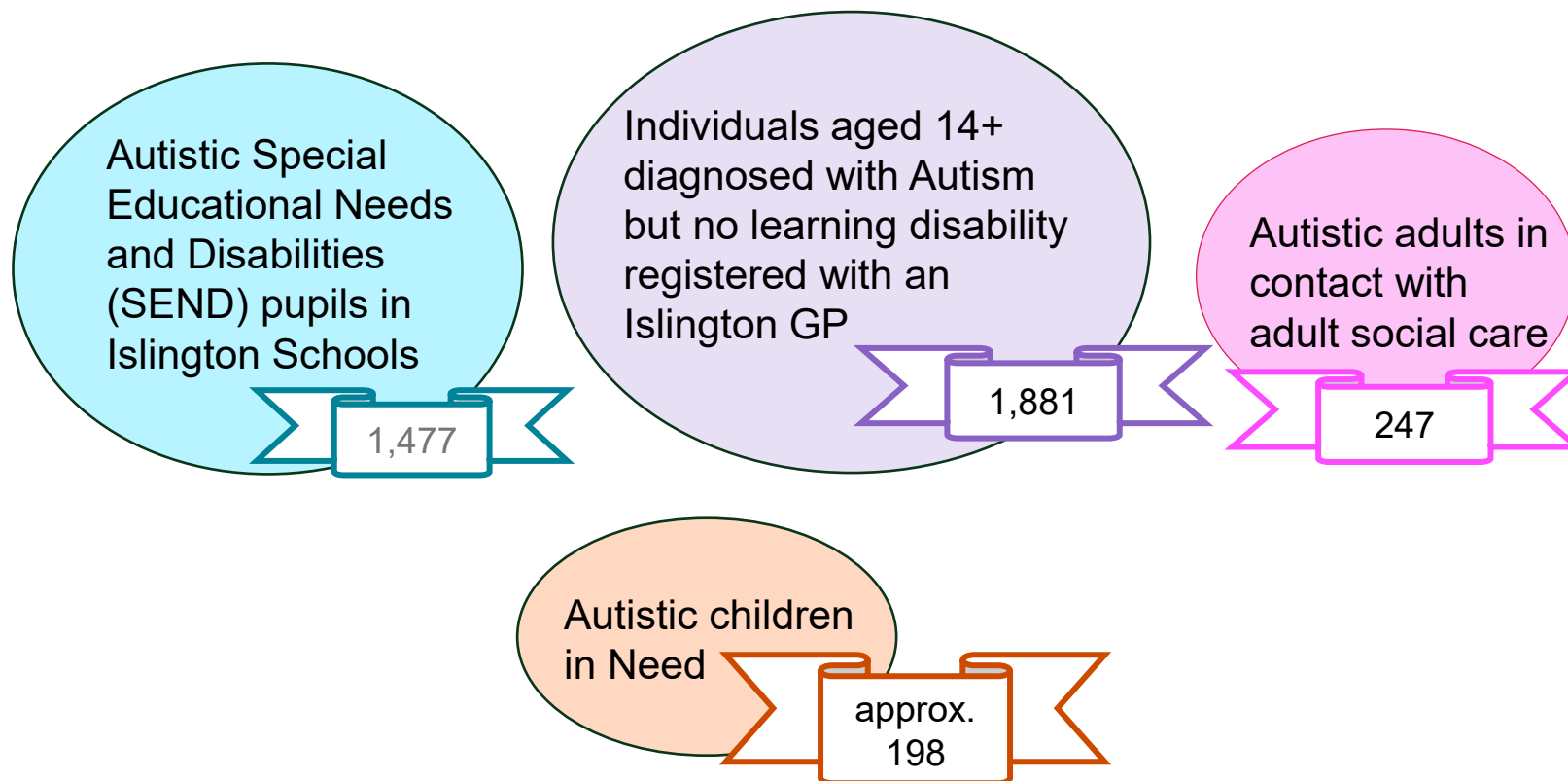


Note: These predictions are based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University, entitled Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004.

Source: PANSI and POPPI (2025)

- The projected estimates of autism for the Islington adult population (18+) are based on ONS population projections.
- In 20 years, assuming prevalence estimates are the same, the overall number of adults with a diagnosis of autism is projected to increase from 1,914 in 2025 to 2,138 in 2045 (+224 diagnoses, 12% increase). This increase is similar to the London and England average (+12% and 13%, respectively).
- The greater increase of projected numbers is expected to be among 65s and over:
 - 65-74 age group: with more 28 diagnoses (+23%)
 - 75+ age group: with more 48 diagnoses (+59%)
 - These trends reflect both population ageing and improved recognition of autism in older age groups.
- To note, both children and adults prevalence data in Islington is based on *estimates* as we do not have local data on this. These figures are likely to underestimate the true prevalence given increasing awareness of autism, improvements in screening tools and increased diagnosis.

Summary of people known to services



Statutory services are only able to identify a small proportion of the estimated autistic population in Islington. The rest may be:

- Undiagnosed
- Diagnosed and accessing services, but their diagnosis not known by the service
- Known to services (including their diagnosis) but not recorded in a way which can be reported

The diagram depicts the number of autistic adults and children known to services.

Note: this data shows people known to services, while slide 15 shows prevalence estimates based on a national survey which estimates that 1% of the population is autistic (which is likely an underestimate)

Data from: PANSI and POPPI (2025 estimate) , Department for Education, SEN data and CIN data (2025)

Notes: The Department for Education count all open referrals as Children In Need – so Child Protection Plans, Children Looked After and care leavers are included in these totals, not just those who Islington council count as CIN.

Diagnosis

Diagnosis

- As public awareness and acceptance of autism has increased, so have rates of diagnosis. A 2022 research study found that that females and all adults have the steepest growth in diagnosis rates [1]. There is also some evidence that diagnostic substitution has taken place. This means that overtime as awareness and diagnostic standards change, then someone who might have been diagnosed with a different condition previously is now diagnosed with autism. [1].
- The National Institute for Clinical Health Excellence for autism states that it should take no longer than three months for diagnosis from initial referral to diagnosis [2].
- Nationally the number of patients waiting for an autism assessment is growing rapidly, with waiting times of 18 to 24 months not being uncommon [3].
- Diagnosis is important for a number of reasons [4]:
 - Helps with access to support that meets a range of needs, such as reasonable adjustments at work or access to social care and benefits
 - A diagnosis may help an individual to understand themselves better and help them make sense of why they might feel different from their 'peers'
 - Helps individuals and people around them (family, partner, employer, colleagues and friends) to understand why they may experience certain challenges and what supported might help.
 - Late-diagnosed autistic children often have high levels of mental health problems and social difficulties prior to their autism diagnosis and tend to develop even more severe problems as they enter adolescence.
- In the UK, autism diagnoses are made in 'secondary care' and not by GPs. GPs and referral partners such as (social workers, schools and families) can refer to specialised teams [1].

1. Russell, G., et al. (2022) 'Time trends in autism diagnosis over 20 years: a UK population-based cohort study', *Journal of Child Psychology and Psychiatry*, 63(6), pp. 674–682. doi:10.1111/jcpp.13505.

2. Local Government Association (2022) Must-know guide – Autism. Available at: <https://www.local.gov.uk/publications/must-know-guide-autism>

3. The rapidly growing waiting lists for autism and ADHD assessments. Available at: <https://www.nuffieldtrust.org.uk/news-item/the-rapidly-growing-waiting-lists-for-autism-and-adhd-assessments>

4. National Autistic Society. Deciding whether to seek an autism assessment. Available at: <https://www.autism.org.uk/advice-and-guidance/topics/diagnosis/before-diagnosis/deciding-whether-to-see-a-specialist/seek-an-autism-assessment>



The local picture: Diagnosis pathway for children and young people

In Islington there are two separate pathways for children aged 0-5 years and 5-18 years. These are for children with or without a diagnosed learning disability.

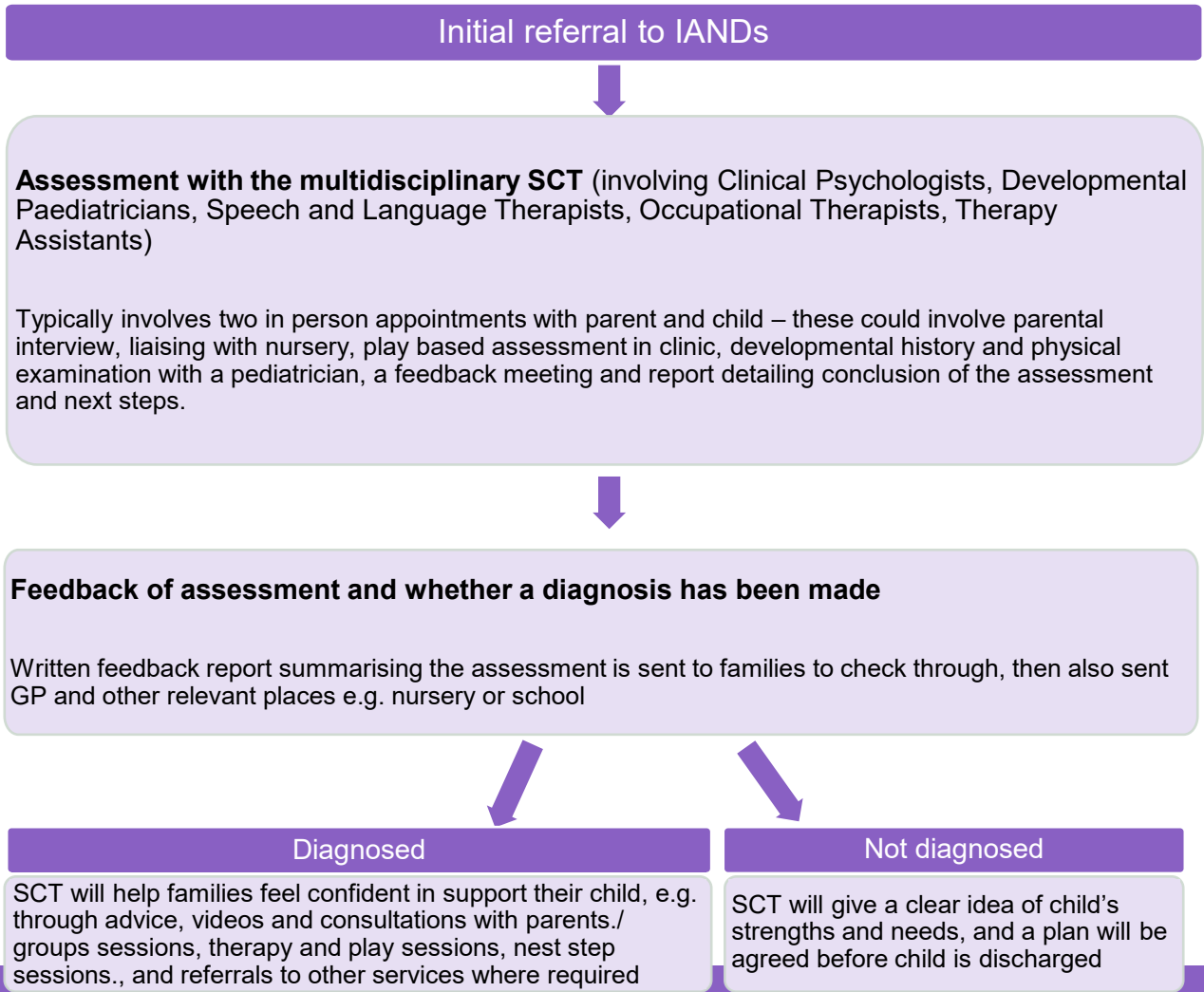
IANDS (Islington Additional Needs and Disability Service) SCT (Social Communication Team)

- For children up to their 5th birthday, registered with an Islington GP.
- Provide specialist assessments to diagnose Autism Spectrum Condition (ASC), and advice and support until a child is discharged, transferred to a different team (for example, early years speech and language therapy) or transferred to a school based team during reception year.
- Accept referrals from a GP or any other professional. Do not accept self-referrals.

Islington CAMHS (Child and Adolescent Mental Health Services) NDT (Neurodevelopmental Team)

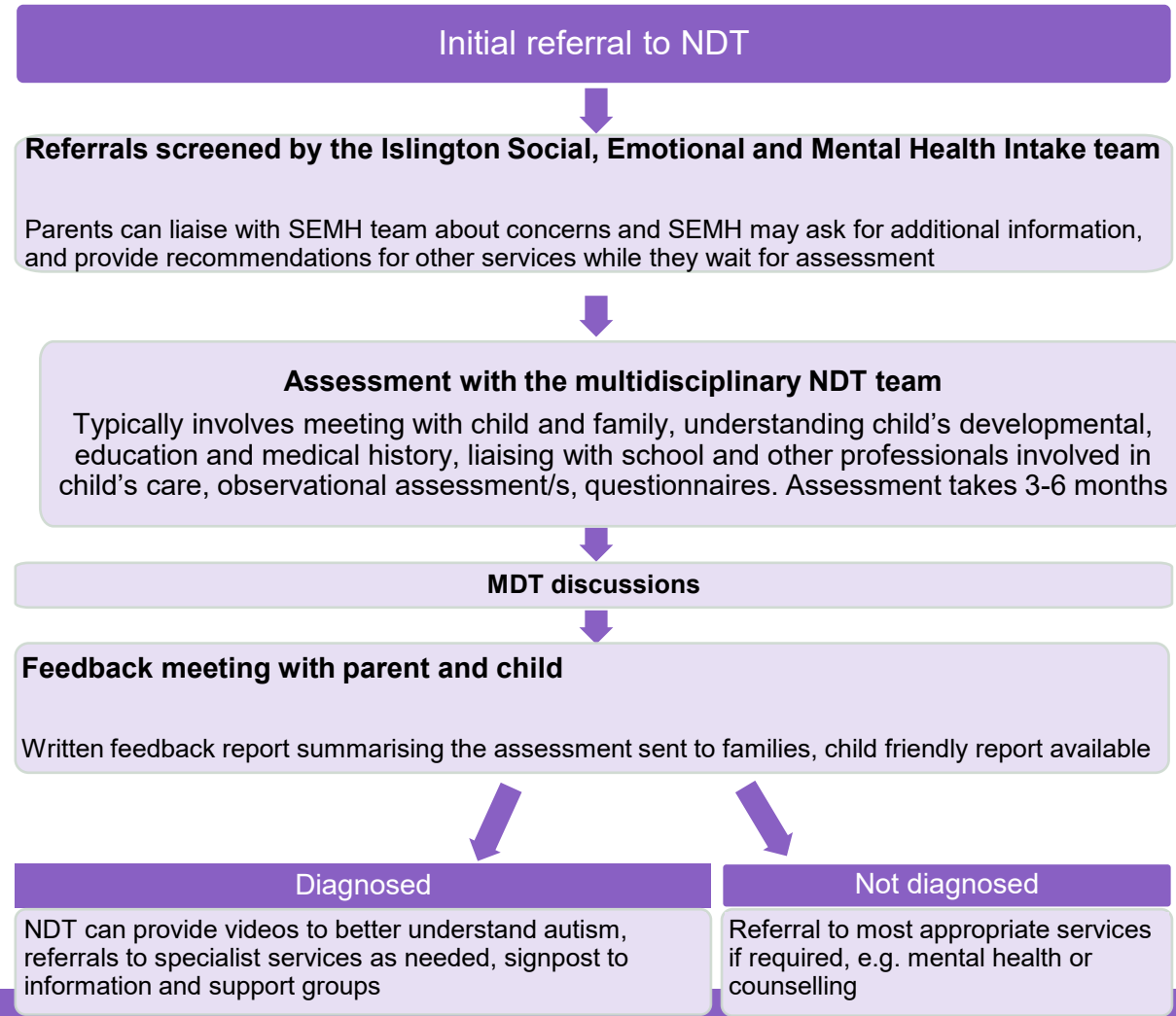
- For children and young people aged 5-18 years registered with an Islington GP, with or without a learning disability (LD).
- Provide specialist assessments for Autism Spectrum Condition (ASC), Attention Deficit Hyperactivity Disorder (ADHD) with a multidisciplinary team, and videos and education courses for parents and carers post diagnosis, and referral to other specialist services as needed.
- Accept both self and referrals from a GP or any other professional referral

IANDS SCT 0-5 years autism diagnosis pathway



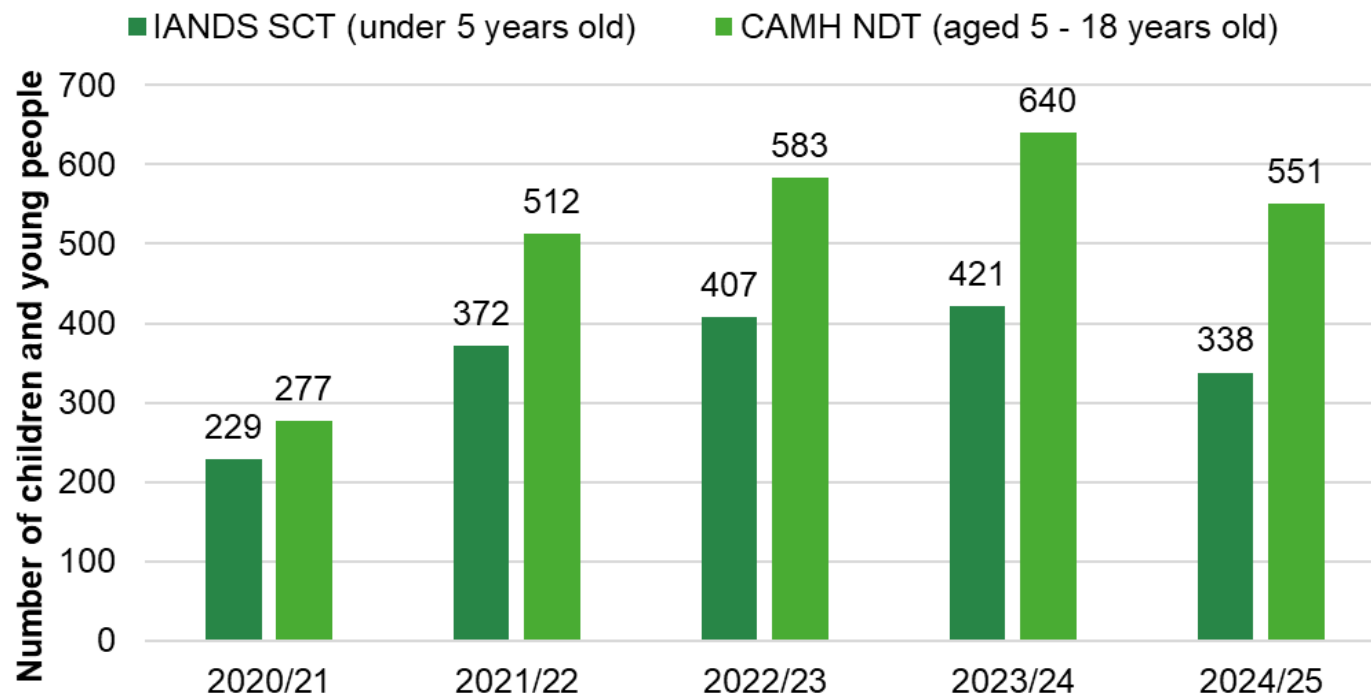
Waiting time approx. 3 years – emphasis on waiting well without a diagnosis

NDT 5-18 years autism diagnosis pathway



Children and young people referrals to autism assessment services

Number of referrals received of children and young people to IANDS SCT and CAMH NDT teams , Whittington, 2020/21 to 2024/25



Source: Islington Additional Needs and Disability Service (IANDS SCT); Children and Adolescent Mental Health Services (CAMH NDT).

- In 2024/25, 338 children were referred to IANDS SCT (under 5s) for an autism assessment and 551 were referred to CAMH NDT (5 -18 year olds).
- Between 2020/21 and 2021/22 there was the largest increase in referrals received for both services. A 63% increase for IANDS SCT (Under 5s) and 85% increase for CAMH NDT (5-18 year olds).
- The lower figures in 2020/21 is partly due to the Covid-19 pandemic which impacted referral rhythms as children and young people were not accessing services.
- Ethnicity data by referral was not available for this JSNA; we need this data to understand whether there are inequalities and/or stigma in accessing services

Number of children under 5 diagnosed with autism

	2020/21	2021/22	2022/23	2023/24	2024/25
Number diagnosed with autism	226	206	205	290	213
Not diagnosed with autism	33	20	15	11	21
% who received an autism diagnosis	87%	91%	93%	96%	91%

Source: Islington Additional Needs and Disability Service

To note: total number diagnosed and not diagnosed with autism does not equal the number of people referred to the service in the same year, due to long waiting lists between referral and assessment.

- On average between 2020/21 and 2024/25, 225 children under 5 are diagnosed with autism each year.
- Between 2020/21 and 2024/25, of those who have an assessment with IANDs SCT (Under 5s), a high proportion received a diagnosis of autism.

Number of people waiting

- As of August 2025, 174 under 5-year-olds were on a wait list for an assessment

Number of children aged 5 to 18 diagnosed with autism

	2020/21	2021/22	2022/23	2023/24	2024/25
Number diagnosed with autism	79	93	135	157	169
Not diagnosed with autism	28	34	79	67	88
% who received an autism diagnosis	74%	73%	63%	70%	66%

Source: Children and Adolescent Mental Health – Neurodevelopmental Team

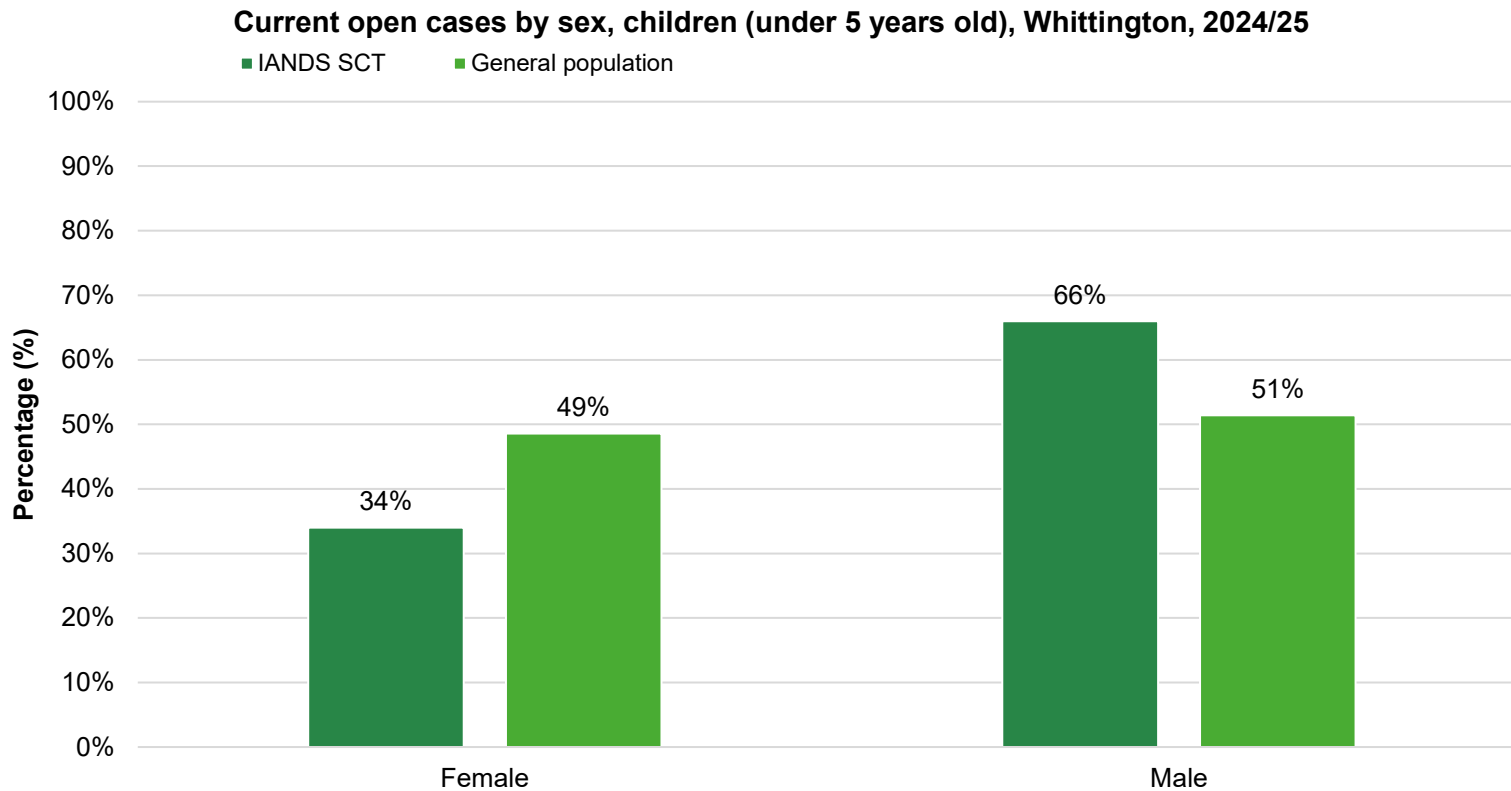
To note: total number diagnosed and not diagnosed with autism does not equal the number of people referred to the service in the same year, due to long waiting lists between referral and assessment.

- Between 2020/21 and 2024/25, a total of 633 5- to 18-year-olds received an autism diagnosis.
- The number of 5-18 year olds being diagnosed each year has increased over the last five years.
- The proportion of 5-18 year olds who have an assessment and receive a diagnosis has ranged between 63% and 74%.

Number of people waiting

- As of August 2025, there were 976 5–18-year-olds waiting for an autism assessment from CAMH NDT.

Current open cases by sex – children under 5 years old

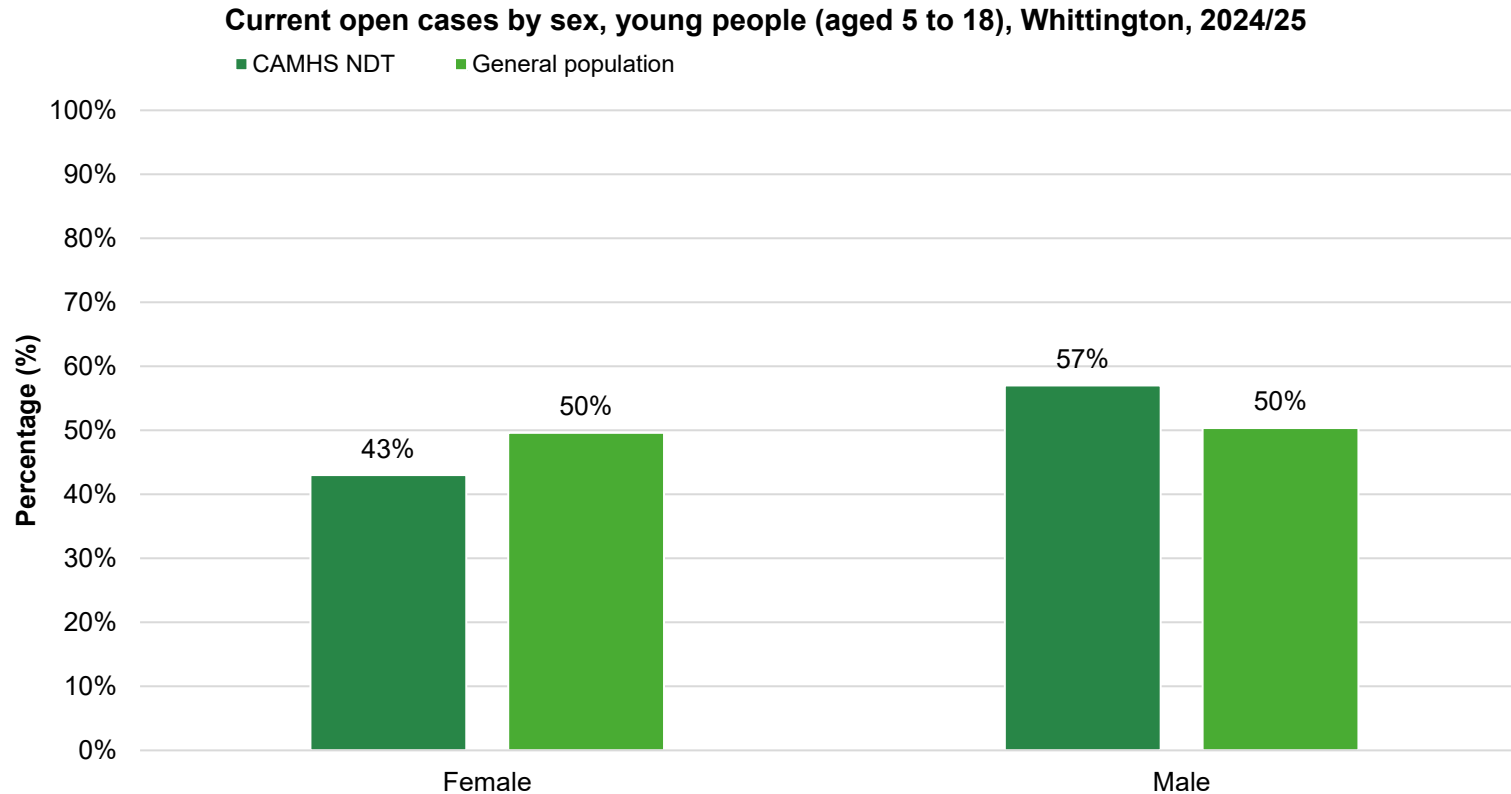


Source: Whittington and NCL ICB, Islington Additional Needs and Disability Service (IANDS SCT).

- In 2024/25, **boys** made up **66%** of open cases in the IANDS SCT team, which is **higher** than their share in the general under-5 population (**51%**).
- **Girls** accounted for **34%** of open cases, which is **lower** than their proportion in the general under-5 population (**49%**).

Cases: any children or young people currently open to (in contact with) the service – at some stage of assessment or feedback

Current open cases by sex – children 5-18 years old



Source: Whittington and NCL ICB, Children and Adolescent Mental Health Services (CAMH NDT).

- In the CAMHS NDT team, **boys** represented **57%** of open cases, which is **higher** than their proportion in the general 5-18 population (**50%**).
- **Girls** made up **43%** of open cases, which is **lower** than their share in the general 5-18 population (**50%**).

Cases: any children or young people currently open to the service – at some stage of assessment or feedback

Referrals to Social, Emotional and Mental Health (SEMH) front door

Top 10 reasons for referral to Social, Emotional and Mental Health (SEMH) front door, 2024/5

Reason	N	%
Anxiety/stress/worries	1305	57%
Suspected ADHD	282	12%
Suspected Autistic Spectrum Condition	194	8%
Other neurological conditions	142	6%
In crisis	136	6%
Depression/low mood/withdrawal	52	2%
Conduct/behavioural issues	50	2%
Diagnosed ADHD	27	1%
Diagnosed Autistic Spectrum Condition	19	1%
Self-harm behaviours	17	1%
Total	2224	97%

Source: Children's data and performance team. Accessed 11/11/2025

Top 5 reasons for referral by screening duration, 2024/5

	0-3 weeks	3-6 weeks	6+ weeks
Anxiety/stress worries	48%	13%	39%
In Crisis	92%	4%	4%
Other neurological conditions	32%	5%	62%
Suspected ADHD	26%	9%	66%
Suspected ASC	33%	9%	57%

Source: Islington Council Children's Data Performance team. Accessed 11/11/2025

- Young people's social, emotional and mental health services are accessed through a central point of access in Islington. The SEMH team screen referrals supporting children and young people to access the right service at the right time (including neurodevelopmental services).
- In 2024/5, the main reasons for referral to SEMH services were Anxiety/Stress/Worries (57%), suspected ADHD (12%) and Suspected Autism Spectrum Condition (8%).
- Referrals for suspected neurodevelopmental conditions such as ADHD and Autism took the longest to screen in 2024/5.
- The screening duration for ADHD and Autism is longer as these referrals are more complex with a specific screening process initiated at the point of referral.
- There has been work to improve the process for suspected ADHD and Autism referrals and this is reflected in the most recent quarterly data for 2025-26. For Q1 to Q3 of 2025/6 the proportion of suspected ADHD referrals taking 6+ weeks to screen reduced to 34% and 33% for suspected Autism referrals..

Support for 'waiting well'

- Locally, in recognition that there are long waiting times for autism assessments several initiatives have been introduced to support children and young people to 'wait well' .
- Within in the Children's pathways, there is a focus on "needs-based support" meaning that children on the waiting list can access a range of support whilst they wait for formal diagnosis and support:
 - Weekly Therapy and Play session are delivered jointly by the Social, Communication Team and Bright Start Islington. They are for children under 5 waiting for an assessment or who already have an autism diagnosis. They offer a welcome and inclusive place for children with communication differences.
 - CAMHs run workshops for parents and carers of children currently on the neurodevelopmental waitlist.
 - [The NCL waiting room](#) has developed a bespoke Autism and ADHD site. This provides access to a range of resources including information to improve understand about Autism and ADHD, advice and signposting to support you can access whilst waiting for assessment and signposting to events and activities which are welcoming and supportive.

The local picture: Diagnosis pathway for adults

There are two separate pathways for adults, one is via the adult autism diagnostic and consultation service, and the other for people who are eligible for support from and/or known to the Islington learning disabilities partnership (ILDP).

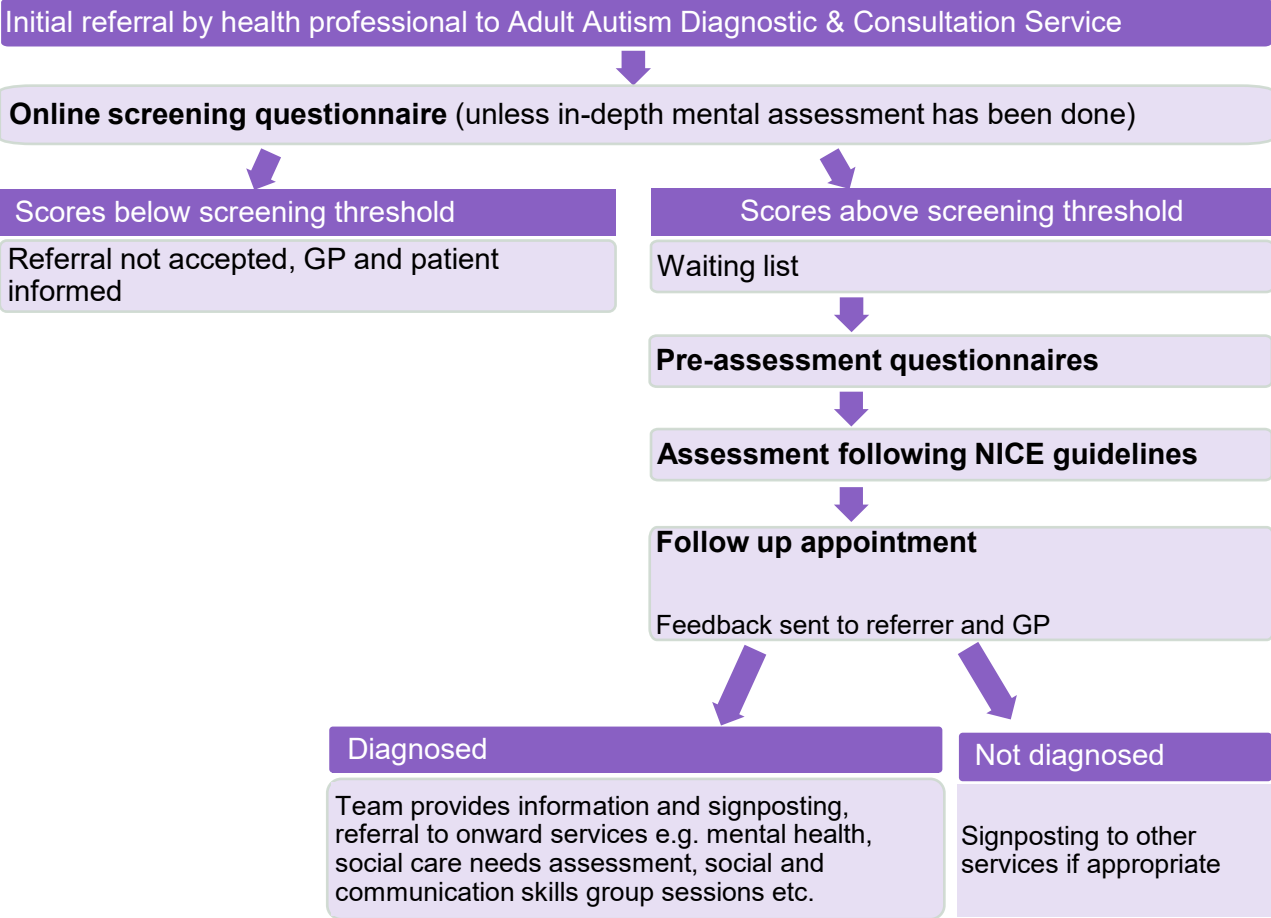
Adult Autism Diagnostic & Consultation Service

- Funded as a diagnostic service for adults with suspected autism who live in North Central London. The Service is part of the Neurodevelopmental Disorders Service within North London NHS Foundation Trust
- Provides autism diagnostic assessments following NICE guidelines, follow-up appointment and will guide people to further support or referrals if needed.
- Accept referrals from a GP or healthcare professional only —they're unable to accept self-referrals.
- Approximately a 2-year waiting list

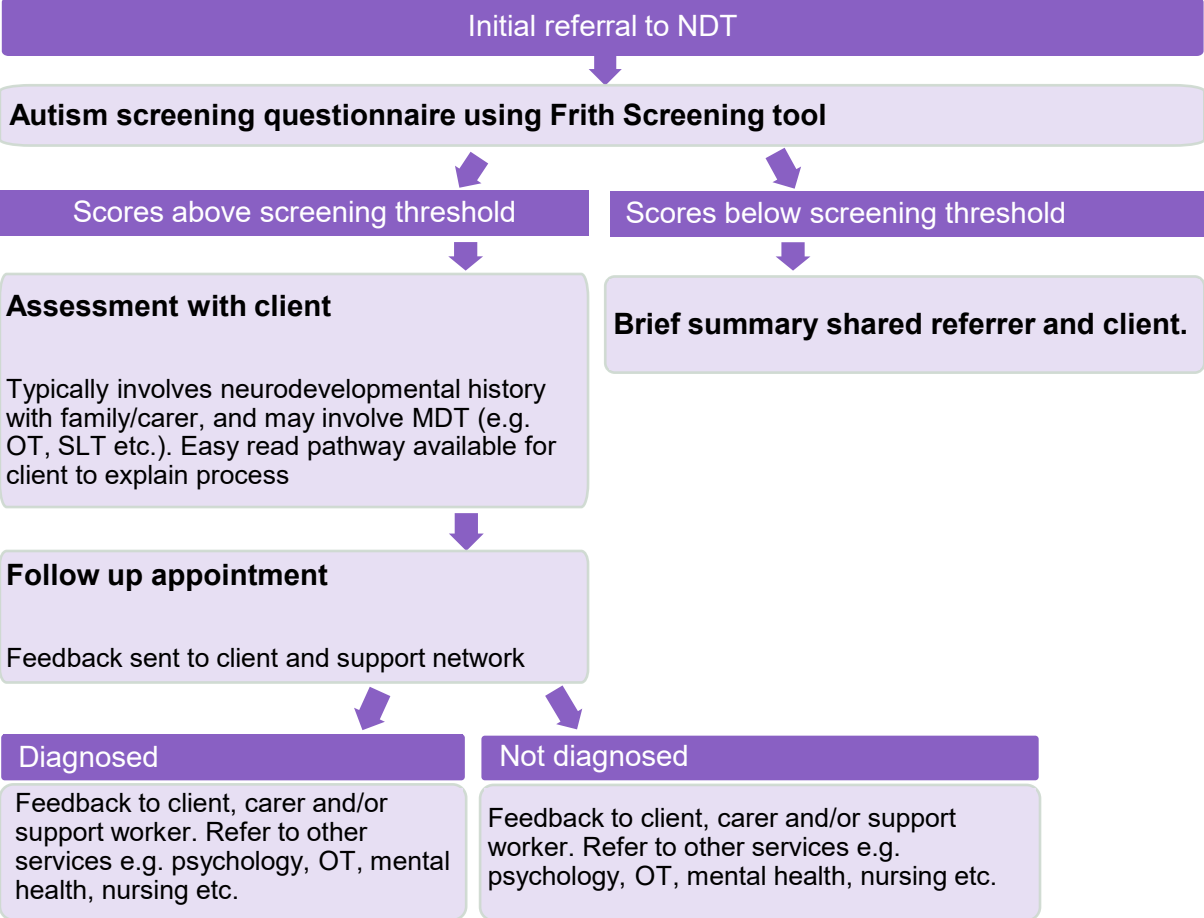
Islington learning disabilities partnership (ILDP)

- This pathway is for adults who are newly referred to ILDP through transitions or for global learning disability assessment, and for adults already known to ILDP with suspected autism.
- Provides autism screening, autism assessment if indicated, follow up, and onward referrals if required.
- Accepts ILDP internal referrals

Adult Autism Diagnostic & Consultation Service



Islington learning disabilities partnership (ILDLP)



Waiting time approx. 2 years – emphasis on waiting well without a diagnosis

Adult Autism Diagnostic & Consultation Service (North London NHS Foundation Trust)

The service runs across Islington, Haringey, Barnet, Camden and Enfield. Data provided is across all these boroughs unless otherwise stated.

There were 976 referrals to the NCL service between April 2024 and February 2025.

Period	Number of assessments booked	Number of assessments attended	Diagnosis rate
2022-23	104	90	46%
2023-24	170	160	49%
2024-25	301	269	40%

The number of assessments booked and attended has increased over the last 3 years, in 2023 the service expanded to cover the boroughs of Barnet, Enfield and Haringey. It is currently funded to offer around 300 assessments per year across 5 boroughs.

Waiting times and waiting lists are substantial.

Waiting times

- North London Foundation Trust are currently seeing patients referred in August 2023. Therefore, wait times are currently around 25 months. This is likely going to increase.

Number of people waiting

- There are currently 1231 people on the waiting list (224 in Islington)

Needs

Structure of this section focusing on 'needs'

The slides in this section are as follows:

- A slide setting out what is known in general and nationally about the needs of autistic people
- A summary of the services and support in place locally in Islington to meet those needs, and where available, some commentary on the extent to which these effectively meet needs or adhere to best practice or national guidelines.
- The needs covered are:
 - Social Care
 - Mental health needs
 - Physical health needs
 - Therapeutic needs
 - Education
 - Transitions
 - Training and employment
 - Housing
 - Social support
 - Criminal justice system
 - The needs of carers

Inclusive support for autistic people [1]

Neurodiversity affirmative practice is increasingly being viewed as the best practice approach for providing more inclusive support for autistic people. This approach recognises neurological differences such as being Autistic, ADHD and other types of neurodivergence, as natural variations of the human experience rather than deficits to be corrected or cured. Shifting the focus from 'fixing' individuals to understanding and supporting a person's unique needs, neuroaffirmative practice fosters inclusive, adaptable environments where everyone can thrive.

Core principles of Neuroaffirmative practice:

- **Reframing neurodivergence:** Neurodivergences are not disorders. Each overlapping neurotype has its own dynamic and unique trajectory. This reframing helps reduce stigma and promotes a more inclusive understanding and acceptance of neurological differences.
- **Challenging pathologisation:** Traditional diagnostic models of autism often pathologise autistic experiences. Instead, we can challenge outdated views that emphasise autistic behaviours and ways of being as inherently problematic and deficit-based, and see how autistic differences may be misunderstood due to societal norms.
- **Promote agency and autonomy:** All autistic individuals should have control over their own lives. Services and communities need to be flexible and make accommodations, support choices and respect all communications styles so people are involved in their decision-making processes.
- **Create inclusive environments:** neuroaffirmative practice advocates for modifying environments to meet diverse and fluctuating needs. This includes sensory-friendly spaces, flexible communication methods and personalised support strategies for home, workplaces and in educational, health and social care settings.

Best practice interventions for supporting autistic people

There is limited evidence on the effectiveness of interventions to support autistic people, and the available evidence is often weak, from outside UK contexts or has not reliably assessed interventions against control groups or relative to other interventions. A challenge identified in much of the literature relates to the heterogeneity of autism (i.e. the variety of individual differences and needs present in autistic people), which means that there is unlikely to be a one-size-fits-all approach.

General findings however suggest that there are some elements of services that improve efficacy or make them more well received by autistic people:

- Services providing advice and information should ensure information is clear, concise and specific with concrete examples over hypothetical situations [1,2].
- Peer support and peer-led settings are well received by many autistic people, though individual preferences for social settings should be considered [3, 4].
- Adjustments made to the physical environment (including things like reducing bright lights, visually-noisy colours/patterns, reducing noise levels or providing quiet rooms for people to take breaks) can make them more accessible [4,5].
- Staff should receive training to understand the nature, development and course of autism, and how it can impact functioning [5].
- Raising awareness and understanding among peers and colleagues can improve environments and support social inclusion [5].

1. National Institute for Clinical Excellence (2012) Autism spectrum disorder in adults: diagnosis and management. Available online: [Autism spectrum disorder in adults: diagnosis and management](#).

2. National Institute for Clinical Excellence (2012) Autism spectrum disorder in under 19s: support and management. Available online: [Autism spectrum disorder in under 19s: support and management](#).

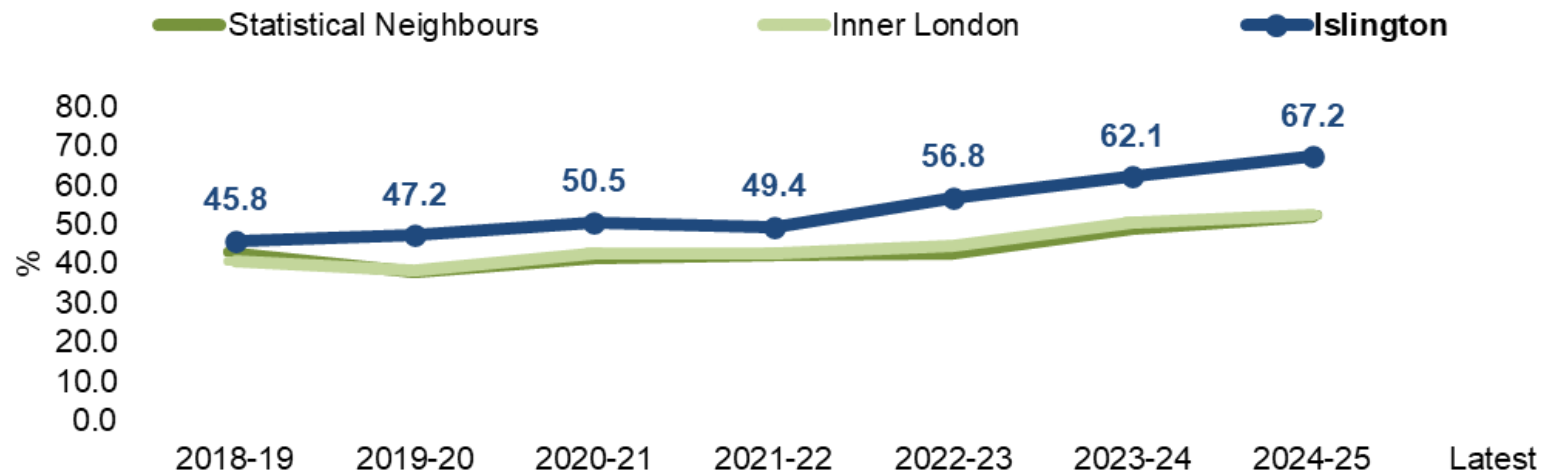
3. Lai, M., Anagnostou, E., Wiznitzer, M., Allison, C. & Baron-Cohen, S. (2020). [Evidence-based support for autistic people across the lifespan: Maximising potential, minimising barriers and optimising the person-environment fit](#). *Lancet Neutral*, 19, 434-51.

4. Lorenc, T., Rodgers, M., Rees, R., Wright, K., Melton, H. & Sowden, A. (2016). [Preventative co-ordinated low-level support for adults with high-functioning autism: systematic review and service mapping](#).

5. National Autistic Society (2021). [Good practice guide: For professionals delivering talking therapies for autistic adults and children](#).

Children known to social care with autism recorded

CIN with disability: % Autism/ Asperger Syndrome



- The proportion of those with a disability recorded who had Autism or Asperger Syndrome increased for the third year in a row, reaching 67% in 2024/5 (approx. 198 individuals).

Notes: the Department for Education count all open referrals as Children In Need – so Child Protection Plans, Children Looked After and care leavers are included in these totals, not just those who Islington council count as CIN.

At the end of March 2025, there were 296 children in need with **any** disability recorded.

Source: Children's Data and Performance analysis of [DFE data](#).

Autistic adults in contact with Social care

Number of adults who were in contact with Adult Social Care in 2023/24 and 2024/25

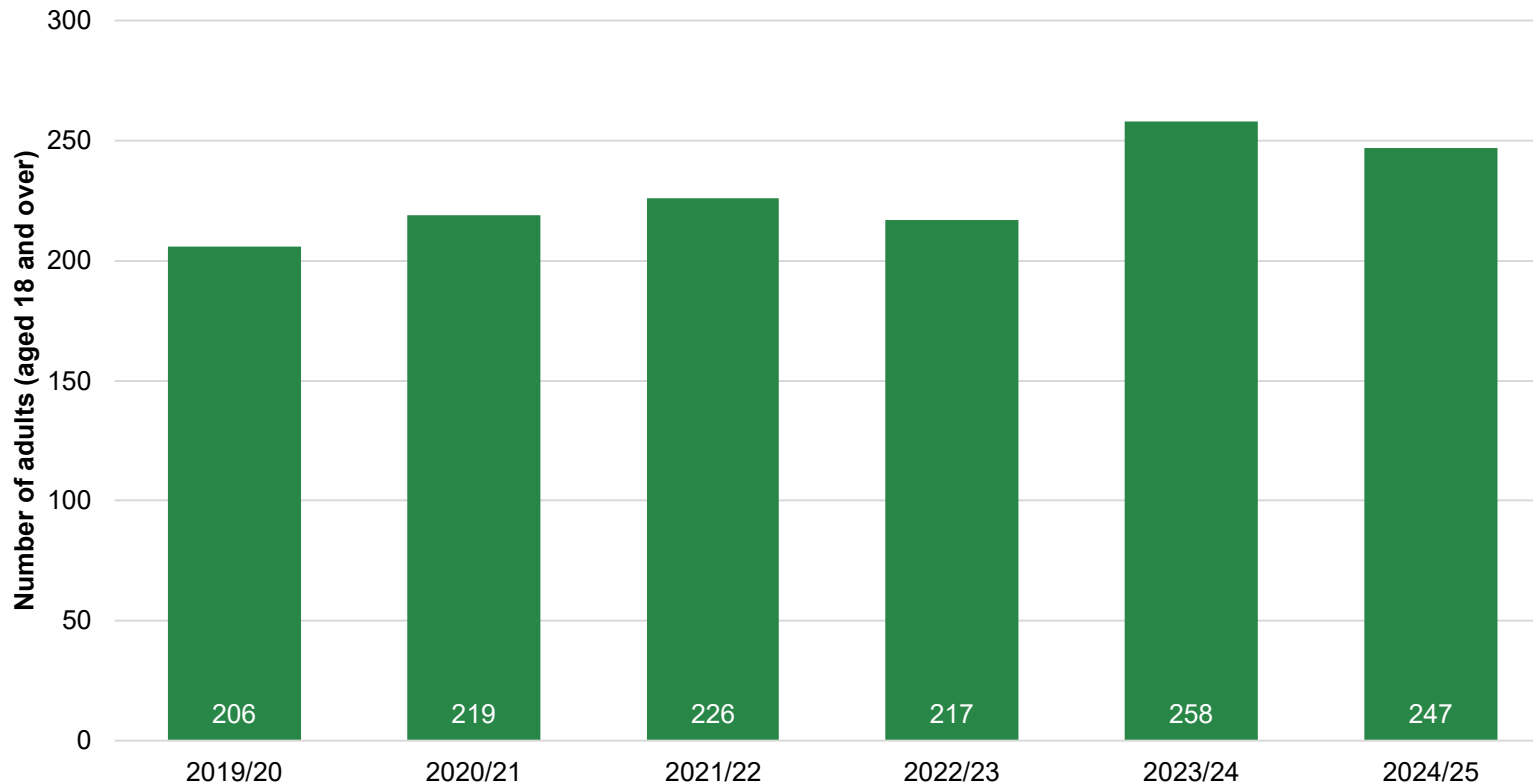
The number of people in receipt of services from adult social care who have autism recoded has been stable between 2023/24 and 2024/25.

	2023/24		2024/25	
	18-64	65+	18-64	65+
Individuals known to the LD Team (this is a count of all people receiving a service* for LD both long term and short term)	627	69	613	71
Individuals with LD in receipt of long term support	582	61	560	58
Individuals with a recorded health condition of autism in receipt of services	237	21	229	18
Individuals with both autism and LD in receipt of services	211	9	203	9
Individuals with autism but not LD in receipt of services	26	12	26	9

**Services will be a mixture of support at home, support in a care home, a direct payment so they can buy their care etc.*

Autistic adults receiving support* by Adult Social care

Number of adults (18 and over) with a recorded autism diagnosis, who have received support from Adult Social Care, Islington, from 2019/20 - 2024/25



Note: Anyone with a recorded autism diagnosis receiving a package of care

Source: Liquid logic data, 2019/20 to 2024/25.

- The highest number of adults with a recorded autism diagnosis in Islington, who received support from Adult Social Care was recorded in 2023/24 (258 people).
- Numbers have fluctuated between around 200-260 between 2019/20 to 2024/25.
- The observed small increase in adults with a recorded autism diagnosis over the past two years does not reflect a rise in the actual prevalence of Autism. This change is primarily due to more accurate and comprehensive reporting.

Physical health

- Autistic people have varying levels of needs, which is also reflected in their physical health needs. Autistic people might require reasonable adjustments to enable them to access health services because of specific social, cultural and sensory challenges faced by autistic people.
- There is some evidence to suggest that many physical health conditions are more common in autistic people. [1] [2]. Particular conditions, such as epilepsy [3], have a stronger evidence base, and others require more research.
- A systematic review estimated 12% of autistic people have epilepsy (higher than general population estimates), and people with epilepsy are more likely to be autistic too [6]. Epilepsy in autistic people can develop later in life, often in the teens, unlike in the general population where it's more likely to begin earlier in life [5]
- Evidence indicates that autistic people have a lower life expectancy than the population average, and even more so for autistic adults who have a learning disability. This represents a need for better support, inclusion and removing barriers to accessing health services [4]
- 80% of autistic adults report difficulty visiting a GP and autistic people are over three times more likely to say they frequently leave a healthcare appointment feeling as though they did not receive any help at all [5].

[1] Ward, J.H., Weir, E., Allison, C. et al. (2023) Increased rates of chronic physical health conditions across all organ systems in autistic adolescents and adults. *Molecular Autism* 14(35). Available from: <https://link.springer.com/article/10.1186/s13229-023-00565-2#citeas>

[2] Hunt, M. et al. (2024) 'Risk of physical health comorbidities in autistic adults: clinical nested cross-sectional study'. *BJPsych Open*, 10(6). Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11698207/>

[3] National Autistic Society (2017) Epilepsy and autism. Available from: <https://www.autism.org.uk/advice-and-guidance/professional-practice/epilepsy-autism>

[4] O'Nions, E. et al. (2024) Estimating life expectancy and years of life lost for autistic people in the UK: a matched cohort study. *The Lancet Regional Health – Europe* 36 Available from: <https://www.sciencedirect.com/science/article/pii/S2666776223001953?via%3Dihub>

[5] National Autistic Society (2025) A constant fight. Available from: [A Constant Fight](https://www.autism.org.uk/advice-and-guidance/professional-practice/epilepsy-autism)

[6] Lukmanji, S., Manji, S.A., Kadhim, S., Sauro, M.K., Wirrell, E.C., Kwon, C.S., Jette, N. (2019) The co-occurrence of epilepsy and autism: A systematic review. *Epilepsy & Behaviour*. Available from: [https://www.epilepsybehavior.com/article/S1525-5050\(19\)30494-9/abstract](https://www.epilepsybehavior.com/article/S1525-5050(19)30494-9/abstract)

[7] Autistica. Epilepsy and autism. Available from: <https://www.autistica.org.uk/what-is-autism/epilepsy-and-autism>

Physical health – barriers and enablers to accessing healthcare

Barriers to Accessing Healthcare [1] [2]:

Autistic people frequently experience barriers to accessing and receiving equitable physical healthcare, including:

- Challenges in communicating symptoms or health needs
- Sensory overload in clinical settings (noise, bright light, or tactile discomfort)
- Lack of understanding of autism amongst staff
- Systemic barriers e.g. short appointments and rigid systems
- Past negative or dismissive experiences could increase reluctance in seeking help

Enablers and Supports for Better Access [1] [3] [4]:

- Autism-informed training: for clinical and practice staff to better understand communication and sensory needs, and how they can make reasonable adjustments
- Being better prepared for appointments and offering longer or flexible appointments.
- Better communication: Offer multiple ways to communicate, provide extra time, and clear pre- and post-appointment info.
- Creating autism friendly clinical environments – for example, reducing bright lighting, noise, allowing sensory aids etc – [see here for ways to make clinical setting more accessible for autistic people](#) [5]
- Providing more joined up care and coordination between services
- Being proactive, for example providing regular tailored health checks

[1] Mason D, Ingham B, Urbanowicz A, Michael C, Birtles H, Woodbury-Smith M, Brown T, James I, Scarlett C, Nicolaidis C, Parr JR (2019). A Systematic Review of What Barriers and Facilitators Prevent and Enable Physical Healthcare Services Access for Autistic Adults. *J Autism Dev Disord.* 49(8). Available from: <https://pubmed.ncbi.nlm.nih.gov/31124030/>

[2] Nicolaidis et al. (2025) "Respect the way I need to communicate with you": Healthcare Experiences of Adults on the Autism Spectrum. *Autism: the international journal of research and practice*, 19(7), 824. Available from: https://pdxscholar.library.pdx.edu/socwork_fac/134/

[3] Nicolaidis C, Raymaker D, McDonald K, Kapp S, Weiner M, Ashkenazy E, Gerrity M, Kripke C, Platt L, Baggs A. (2016) The Development and Evaluation of an Online Healthcare Toolkit for Autistic Adults and their Primary Care Providers. *J Gen Intern Med.* 31(10):1180-9. Available from: <https://pubmed.ncbi.nlm.nih.gov/27271730/>

[4] Croen LA, Zerbo O, Qian Y, Massolo ML, Rich S, Sidney S, Kripke C. The health status of adults on the autism spectrum. *Autism.* 2015 Oct;19(7):814-23. Available from: <https://journals.sagepub.com/doi/10.1177/1362361315577517>

[5] South West Yorkshire NHS Foundation Trust (2016) Checklist for autism friendly environments. Available here: [Microsoft Word - Checklist for Autism-Friendly Environments -September 2016.docx](#)

Physical health – local picture

- There is some evidence that suggests people with autism have higher rates of physical health conditions than the general population in national studies and reports, but we do not have local data on these health needs or much data on autistic people accessing health services.
- Adults 14+ with a learning disability who are on their GP’s learning disability register can have an annual health check, invited by their GP. This would include autistic children aged 14+ with an Education Health and Care Plan (EHCP) or Statement of Special Educational Needs with a diagnosis of ASC.
- The Autism Spectrum Condition (ACS) Health Checks locally commissioned service considers the health needs for autistic adults without a learning disability [see case study]

Case study - Autism Spectrum Condition (ACS) Health Checks locally commissioned service [1]

- The ASC health checks improve the experience of primary care for autistic people, support young autistic people to prepare for adulthood and help and promote prevent and early diagnosis of health issues, improving the health outcomes of people with autism.
- It also aims to improve data on the autistic population in Islington to improve commissioning and support, and to improve communication and environment of practices to better support their autistic patients.

How does the health check work?

- Practices should maintain a register of autistic patients, and code newly diagnosed patients to ensure they are offered the health check if appropriate.
- Autistic patients (14+) with a diagnosis (but don’t have a learning disability) are invited to an annual ASC health check. The health check must follow the Autism health check tool provided by the ICB and should be completed by a GP or practice nurse.
- The appointment must be a double appointment.
- At the end of the Health Check, a Health Action Plan must be agreed and completed.
- GP Practices must have an Accessibility Check conducted by a Parent Consultant (parents who have children with SEND) and practices should make reasonable adjustments to ensure greater ease of access for autistic patients.

How many people have we seen?

- There were 1881 pts (14+ with diagnosed autism and no LD) registered in Islington (October 2025) and 160 of these were newly diagnosed this year. 14% of eligible patients received an ASC annual health check in 2025/25.

Year	Number of ASC health checks completed
2022/23	180
2023/24	175
2024/25	263

[1] NCL ICB – Islington (2024) Service specification for Autism Spectrum Condition (ACS) Health Checks. Available from: [NCL ICB General Practice Website](#)

Mental Health

- Autistic people are more likely to have a co-occurring mental health condition compared to the general population.
- Estimates vary widely with studies reporting between 30%-80% of autistic children and adults having a diagnosed mental health condition [1,3,4,5].
- The most common conditions are anxiety, depression, obsessive-compulsive disorder and sleep disorders [2]. Conduct and behaviour problems are also common amongst autistic children [4].
- Mental ill health is a significant aspect of increased mortality for autistic adults. Autistic adults are up to nine times more likely than non-autistic adults to experience suicidal ideation [6,7]. Overall, autistic adults are up to seven times more likely to die by suicide than non-autistic adults [8].
- The relative risk may be greater for autistic people with co-occurring ADHD [9] and for autistic women, who have been found to be 13 times more likely than non-autistic women to die by suicide [8].
- Between 3 and 5 in every 100 people who use mental health services are autistic. And about 1 in 10 people who are admitted to psychiatric inpatient wards are autistic [10].
- The numbers of people diagnosed as autistic in mental health inpatient settings is increasing; data collected by NHS England tells us that there was an increase of 7.3% in the numbers of autistic inpatients (both with and without a learning disability) in mental health hospitals between March 2017 and August 2023 and an increase of 51.3% in the numbers of autistic inpatients without a learning disability in the same timeframe [5].

1. Neurological and psychiatric disorders among autistic adults: a population healthcare record study. *Psychological Medicine*. 2023;53(12):5663-5673. doi:10.1017/S0033291722002884

2. **Mental Health Foundation** (2024) *Autism and mental health*. Available at: <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/autism-and-mental-health> (Accessed: 5 September 2025).

3. Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *Lancet Psychiatry*. 2019 Oct;6(10):819-829. doi: 10.1016/S2215-0366(19)30289-5. Epub 2019 Aug 22. PMID: 31447415.

4. Prevalence of co-occurring conditions in children and adults with autism spectrum disorder: A systematic review and meta-analysis. *Neurosci Biobehav Rev*. 2023 Dec;155:105436. doi: 10.1016/j.neubiorev.2023.105436.

5. **NHS England** (2023) *Meeting the needs of autistic adults in mental health services*. Available at: <https://www.england.nhs.uk/long-read/meeting-the-needs-of-autistic-adults-in-mental-health-services/> (Accessed: 5 September 2025).

6. Suicidal ideation and suicide plans or attempts in adults with Asperger's syndrome attending a specialist diagnostic clinic: A clinical cohort study. *Lancet Psychiatry*. Available from: [https://doi.org/10.1016/S2215-0366\(19\)30248-2](https://doi.org/10.1016/S2215-0366(19)30248-2)

7. A systematic review and meta-analysis of suicidality in autistic and possibly autistic people without co-occurring intellectual disability. *Mol Autism*. Available from: <https://doi.org/10.1186/s13229-023-00544-7>

8. Premature mortality in autism spectrum disorder. *British Journal of Psychiatry* [Internet]. 2016 Mar 1 [cited 2023 Mar 7];208(3):232-8. Available from: <https://doi.org/10.1192/bjp.bp.114.160192>

9. A 20-year study of suicide death in a statewide autism population. *Autism Research* [Internet]. 2019 Apr 1 [cited 2023 May 22];12(4):658-66. Available from: <https://doi.org/10.1002/aur.2076>

10. **Royal College of Psychiatrists** (2024) *Autism and mental health*. Available at: <https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/autism-and-mental-health>

11. **National Autistic Society** (2024) *Mental health and wellbeing: Mental health conditions*. Available at: <https://www.autism.org.uk/advice-and-guidance/topics/mental-health-and-wellbeing/mental-health-conditions>

Mental Health – determinants of higher prevalence

Autistic people are also more likely than non-autistic people to experience many known wider determinants of poor health, compounding their vulnerability to mental ill health. These include, for example, social isolation, insecure housing, financial difficulty, difficulty finding employment and contact with the criminal justice system [1].

Anxiety [2]

- Difficult social situations and sensory environments can increase stress and anxiety for autistic people.
- To 'fit in' and not be seen as different, autistic people might mask or camouflage. This can increase anxiety and have a negative effect on their mental health.
- Changes in routine, particularly an unexpected change or difficulty identifying, understanding and managing emotions can also cause anxiety.
- Experiencing high levels of anxiety can lead to exhaustion and meltdowns. It may also lead to [autistic fatigue and burnout](#). This can significantly affect a person's quality of life, such as their physical and mental health, work/school and social life.

Depression [2]

- There may be reasons for depression that are specific to autistic people.
- Daily life can be more challenging for autistic people. Differences in understanding social situations and relationships, and being misunderstood or not accepted by non-autistic people can all increase anxiety and stress. This can lead to low self-esteem, social isolation and loneliness. These can all contribute to depression.

Obsessive Compulsive Disorder (OCD) [2]

- There are some similarities between autism and OCD including compulsive like behaviours, restricted, repetitive behaviours and intense interests and difficulty with change.
- There is an important difference between the two. Obsessions and compulsions for people with OCD are distressing and unwanted, whereas repetitive behaviours for autistic people, such as stimming and intense interests, are often positive, soothing and purposeful.
- The similarities between OCD and Autism may lead to some professional dismissing OCD symptoms leading to underdiagnosis.

1. NHS England (2023) *Meeting the needs of autistic adults in mental health services*. Available at: <https://www.england.nhs.uk/long-read/meeting-the-needs-of-autistic-adults-in-mental-health-services/> (Accessed: 5 September 2025).

2. National Autistic Society (2024) *Mental health and wellbeing: Mental health conditions*. Available at: <https://www.autism.org.uk/advice-and-guidance/topics/mental-health-and-wellbeing/mental-health-conditions> (Accessed: 5 September 2025).

Guidance on meeting the needs of autistic adults in mental health services

[NHS England has developed guidance](#) on how to improve the quality, accessibility and acceptability of care and support for autistic adults. They outline 10 key principles:

1. Accessibility: Services must be adjusted to meet autistic needs (e.g., sensory, communication).
2. Meaningful Activity: Support engagement in education, employment, and leisure.
3. Timely Autism Assessment: Facilitate diagnosis when clinically indicated.
4. Evidence-Based Interventions: Use proven treatments and avoid over-prescription.
5. Risk Management: Assess and manage risk proportionately, avoiding generic tools.
6. Minimise Restrictive Practices: Reduce use of restraint, seclusion, and segregation.
7. Support Transitions: Ensure smooth transitions between services and life stages.
8. Physical Health Consideration: Address co-occurring physical health needs.
9. Commissioning Strategy: Use data to plan and provide adequate service capacity.
10. Workforce Development: Train staff using frameworks like the Oliver McGowan Mandatory Training.

Evidence of best practice mental health interventions

- Pharmaceutical interventions can reduce mental health symptoms and improve overall quality of life for people with mental health conditions. Diagnosed autistic adults are more likely to be prescribed medication than the general population. This might be partly due to higher rates of mental health conditions, but some evidence points to over-prescribing of psychotropic medication for autistic people [2].
- Where medication is prescribed, healthcare professionals should be considerate of relevant preferences or sensory sensitivities that may impact medication compliance, for example, the preparation, texture, colour, and shape of medication prescribed [2].
- Non-pharmaceutical interventions have demonstrated evidence-based benefits for promoting good mental health and reducing mental health symptoms. However, there is limited evidence for non-pharmaceutical interventions where they have been specifically tested for autistic people [2].
- Available evidence suggests that therapeutic interventions such as cognitive behavioral therapy and other talking therapies could be modified to be more inclusive [2].
- Modifications include more concrete and structured approaches (including greater use of written and visual information), greater emphasis on changing behaviour rather than cognitions, and using behaviour as starting point, making rules explicit and explaining their context, using plain English and avoiding excessive use of metaphor, ambiguity and hypotheticals, involving family members, partners, carers or professionals (if appropriate and with consent, to support implementation, maintaining the person's attention by offering regular breaks and incorporating their special interests into therapy [1,2].

1. Walters, S., Loades, M. & Russell, A. (2015). *A Systematic Review of Effective Modifications to Cognitive Behavioural Therapy for Young People with Autism Spectrum Disorders*. *Review Journal of Autism and Developmental Disorders*, 3 (137-153).
2. NHS England. 2025. Meeting the needs of autistic adults in mental health services. Available at: <https://www.england.nhs.uk/long-read/meeting-the-needs-of-autistic-adults-in-mental-health-services/>

Mental health – local picture

Children and young people

- The IANDs team and Islington CAMHS neurodevelopmental team (see page 20) will link children and young people in with social emotional mental health services should they need further mental health support.
- [The NCL waiting room has developed a neurodivergence resource](#), which has specific section providing information about mental health support available in Islington based around the I-thrive framework.
- The I-Thrive framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families.
- The framework thinks about the mental health and wellbeing needs of children, young people and families through five different needs-based groupings: Thriving , Getting advice and signposting, Getting help, Getting more help, Getting risk support
- Autistic children and young people can access general social, emotional and mental health services in Islington. All services are required to make reasonable adjustments.
- [Islington has an SEMH front door](#) which is the central point of access to social, emotional and mental health services in Islington.

Adults

- [NHS Talking Therapies](#) provide psychological therapies for adults in Islington struggling with common mental health problems such as anxiety and depression. The service has introduced adaptations to support autistic adults. This includes a small team with a special interest in neurodivergence who provide training to support the wider team. They also have an extensive range of resources for different neurodivergent diagnoses. They make reasonable adjustments by considering sensory sensitivities, emotional processing, and adapting timings in sessions. The team are also considering how to introduce easy read documents for neurodivergent clients.
- [Islington Mind](#) deliver the Mental Health Recovery Pathway in Islington which supports adults who are struggling with their mental health and/or wellbeing. They provide a range of support including practical help, therapeutic group work including art and music, peer support and exercise activities. They have observed an increase in referrals of autistic people. They estimate that around 112 service users - approximately 8% of the total people they work with in a year (compared with around 1–2% in the general population) are either formally diagnosed with ASC or self-identify as autistic.
- Care and Treatment Reviews are for people admitted to a mental health hospital or for people at risk of being admitted. They seek to reduce the number of people going into hospital, reduce the amount of time someone spends in hospital and improve care. In NCL, there has been ongoing work to enable effective planning for CTRs for autistic adults. In August, adult inpatient autism counts were in line with targets set for Q2 (13 out of 18 autistic inpatients).
- Substance use services do not currently record autism diagnoses.

Minds Matter Islington – Case Study

- Minds Matter Islington is a community based mental health promotion service for young people aged between 16 and 25, the parents/carers of children and young people and the community and voluntary sector staff who support them.
- Minds Matter Islington works with groups of young people and their carers to raise awareness around mental health and promote tools to maintain or improve good mental health.
- The team of facilitators have people who identify as neurodivergent or have family members who do, they use this lived experience to inform the content and delivery of workshops. They also reference their lived experience at the beginning of workshops to help individuals feel more comfortable.
- They liaise with the organisations / college tutors prior to the workshops to check any engagement styles or adaptations needed to make the sessions as inclusive as possible.
- They ensure that handouts are visual and use sensory toys (e.g. DIY fidget gadgets) to both encourage engagement and help individuals feel more comfortable during the sessions.
- They understand that neurodiversity is not one size fits all and adapt their communication and workshop activities

Recently at a college freshers week fair the team were working with some students who found the music and the chatter too loud and were overwhelmed by the number of people there.

They adapted what they were talking about to go straight into teaching them some breathing techniques which they could apply to the stressful situation they were both in and because those exercises are so simple and effective, it helped these two students regulate themselves and further engage in the day

Kooth case study – online mental health support

- Kooth is a free, safe and anonymous online wellbeing service for young people in Islington between the ages of 11-25. Along with text-based counselling Kooth also includes helpful articles, forums, a mini activity hub, daily journaling and messaging.
- There are several reasons why Kooth can be useful for neurodivergent people:
 - **Reduced pressure to mask** – online interactions eliminate the need to make eye contact or manage body language helping users feel more comfortable.
 - **Anonymity and control** - Kooth is fully anonymous, allowing users to control what they share and how they engage, which can be empowering and reduce anxiety.
 - **Flexible Environment** - Users can access Kooth from any location that suits their sensory or physical needs, such as their home, making it more accessible.
 - **Time to express yourself** - Kooth's text-based format allows users to take their time to articulate thoughts, edit messages, and reflect—ideal for those who process information differently.
 - **Community Connection** - Kooth offers discussion boards where users can connect with others who share similar experiences, reducing feelings of isolation.

Amelia is awaiting Autism/ADHD assessments. She has shared her concerns about the upcoming assessments, particularly her worry that an online format might not fully capture her characteristics.

Amelia explored her concerns about her autism and ADHD assessments and gained reassurance and practical strategies from peers, showing effective use of Kooth community resources and discussion boards.

The discussion boards are moderated so that only peers around the same age as Amelia can access and comment, ensuring the support she receives comes from those who can directly relate to her experiences. This age-appropriate peer engagement helped normalise her concerns and fostered a sense of belonging and understanding. She reported feeling heard, understood, and supported.

Bright Lives coaching user case studies

The Bright lives coaching service is an early intervention service which provides one-to-one support for adults in Islington. Coaches work with individuals to overcome challenges, help set goals, and stop problems before they become unmanageable. The service can work with autistic adults who may be struggling with mental health, wellbeing, feeling isolated or feeling unsafe in their community.

A female who was 55 years old was referred to the Bright lives coaching service for support. Her goals included better organisation; reducing isolation; building confidence; and managing anxiety. She felt that if “autism was more of a thing” when she was younger she would have been diagnosed – she struggles with building and maintaining relationships; she struggles with her executive functioning particularly when stressed; and she feels anxious pretty much all of the time, especially when it involved being in public or in groups. She has never pushed for a diagnosis as she felt she could manage well enough but feels that more specialised support when she was younger may have been of benefit to her.

Through the coaching service she has achieved the following:

- Developed more of routine
- Now attends a variety of groups that address her feelings of isolation such as an anxiety walking group.
- Developed strategies for when she is feeling anxious and worried about doing something she wants to do or an activity that will help her. This has helped her to do things she would not have done before such as attend a family funeral which involved getting public transport and taxis; getting on escalators and tubes; joining groups or events; and being in contact with her family more.

Evidence of best practice for Therapeutic needs /additional support needs

- Autistic people often experience difficulties in development and everyday functioning which can be alleviated through therapeutic support.
 - **Speech and Language therapy** : Speech and language therapy can help autistic individuals improve communication skills, including verbal and non-verbal communication, and address difficulties with social interaction. Royal College of Speech and Language Therapists [1] recommends access to speech and language therapy focusing on supporting communication choice and autonomy, not just verbal skills.
 - **Occupational therapy**: Occupational therapy can help autistic individuals develop daily living skills, manage sensory processing difficulties, and improve motor skills.
 - **Behavioural therapies**: Applied Behaviour Analysis (ABA), Positive Behavioural Supports (PBS), and Cognitive Behavioural Therapy (CBT) can help autistic individuals manage behaviours, develop social skills, and address anxiety and stress. ABA improves social and communication skills [2]. CBT reduces anxiety in children [3] and anxiety/depression in adults [4].

1. Royal College of Speech and Language Therapists (RCSLT) (2020) RCSLT position paper on autism. London: RCSLT.

2. Howard, J.S., Sparkman, C.R., Cohen, H.G., Green, G. and Stanislaw, H. (2015) 'A comparison of intensive behavior analytic and eclectic treatments for young children with autism', *Research in Developmental Disabilities*, 26(4), pp. 359–383.

3. Simonoff, E., Pickles, A., Charman, T., Chandler, S., Loucas, T. and Baird, G. (2008) 'Psychiatric disorders in children with autism spectrum disorders: prevalence, comorbidity, and associated factors in a population-derived sample', *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(8), pp. 921–929.

4. Lehnhardt, F.G., Gawronski, A., Volpert, K., Schilbach, L. and Tepest, R. (2016) 'Autism spectrum disorders in adulthood: clinical and neuropsychological findings of Asperger syndrome diagnosed late in life', *Psychological Medicine*, 43(4), pp. 1–10.

Therapeutic needs – local picture

- As of late 2025, Islington Council offers various support services for autistic children and adults, including occupational therapy (OT), speech and language therapy (SLT), and behavioural or social communication support.
- **Speech and Language Therapy**: Whittington Health's SLT Service supports children with speech, language, and social communication difficulties across early years, schools, and specialist settings. Referrals: from schools, GPs, or parents. Children with an EHCP may have SLT included. The Community SLT Service supports communication and social interaction needs for adults, including autistic adults. Referrals: via GP or the Islington Learning Disabilities Team. If adults with an autism diagnosis also have a confirmed diagnosis of Global Learning Disabilities, they can access SLT at ILDP from age 18 onwards, so long as they are not in any current educational placements. Interventions focus upon functional communication via both direct work with the person and indirect work with the person's support network. Referrals can be made to ILDP
- **Occupational Therapy**: The Islington Children's Occupational Therapy Service (provided by Whittington Health NHS Trust) helps children with functional and sensory needs. Support is offered in schools, clinics, and at home, focusing on motor skills, self-care, and sensory needs. Referrals: via GP, school, or health visitor, or through the Islington SEND Team.
- **The Adult Occupational Therapy Service, run by Islington Social Services**, helps adults stay independent through daily living support and home adaptations. Referrals: via GP, social care professional, or self-referral.
- **Islington CAMHS Autism Pathway** helps families manage behavioural, emotional, and mental health challenges linked to autism.
- **The Islington Autism Hub** offers advice, advocacy, social groups, and one-to-one support for autistic adults, helping with daily life, communication, and employment.

Education and positive transitions

- In 2023, there were over 180,000 autistic pupils in England, 73% of whom were in mainstream schools [1].
- More children and young people than ever before are being identified as having special education needs (SEND) [1].
- Autism was the most common need among pupils with Education, Health and Care Plan (EHCPs)* in 2024/5 with one in three pupil's primary need being identified as Autism (33.6%) [2].
- Research has indicated that autistic pupils are more likely to underperform academically compared to their peers. Persistent absence, mental health issues, lack of support are all thought to contribute to worse education outcomes [1,3].

*An EHCP is a legal document that sets out a child or young person's special educational, health and social care needs and the support they need.

[1] National Autistic Society. Education report 2023. Available at: https://dy55nndrxke1w.cloudfront.net/file/24/asDKIN9asAvgMtEas6glatOcB5H/NAS_Education%20Report%202023.pdf

[2] Department for Education. Special education needs in England. Available at: <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england/2024-25>

[3] Institute for Social Justice. School transitions for autistic young people in mainstream settings. Available at: <https://www.yorks.ac.uk/media/content-assets/research/institute-for-social-justice/School-transitions-for-autistic-pupils-report.pdf>

Education

Experience in school

An online survey of 4,000 parents, carers, autistic children and young people administered by the national autistic society found that [1]:

- 26% of autistic pupils feel happy at school.
- 74% of parents/carers said their child's school place did not fully meet their needs.
- Seven in ten (70%) autistic children and young people said school would be better if more teachers understood autism.
- Over half of autistic pupils (54%) said they don't have a quiet place to go to at school.
- Over half (51%) of autistic students wanted help to understand how to get on with their peers.

Persistent absence

- It is estimated that over 25% of autistic children in England – around 51,000 out of 200,000 pupils – are persistently absent, meaning they miss 10% or more of school.
- In state secondary schools, nearly 20,000 autistic children are persistently absent, with four out of five of these pupils experiencing mental health challenges.

Exclusions

- Rates of exclusion are disproportionately high for autistic pupils. Between 2011 and 2016, exclusions of autistic pupils rose by 60%. In contrast overall exclusions rose by 4% in the same period [2].
- In 2018 Ambitious about Autism reported that 56% of parents of autistic children surveyed had said that their children had been unlawfully sent home from school or denied an education [2].
- Research indicates several reasons why autistic pupils are more likely to be excluded from school [3]:
 - Behaviour associated with autism can be confused as disobedience or disruptive. Autistic pupils trying to cope with the unstructured social aspects of school life can feel overwhelmed and become anxious and display distressed behaviours.
 - Lack of awareness and understanding of the law regarding exclusions amongst parents/carers and schools.
 - Limited access to specialist support for children with SEND due to budget cuts.

[1] National Autistic Society. Education report 2023. Available at: https://dy55nndrxke1w.cloudfront.net/file/24/asDKIN9asAvgMtEas6glatOcB5H/NAS_Education%20Report%202023.pdf

[2] Ambitious about Autism. We need an education. Available at: <https://www.ambitiousaboutautism.org.uk/sites/default/files/resources-and-downloads/files/we-need-an-education-exclusions-report.pdf>

[3] University of Birmingham. Investigation of the Causes and Implications of exclusion for Autistic Children and Young People. Available at: <https://www.birmingham.ac.uk/documents/college-social-sciences/education/reports/causes-and-implications-of-exclusion-for-autistic-children-and-young-people.pdf>

Children known to schools with SEND

% of all SEND pupils by primary need, 2021 – 2024, Islington

Primary Need	2021	2022	2023	2024
Autistic spectrum disorder	18.7%	21.0%	23.8%	26.9%
Speech, language & communications needs	28.1%	27.4%	25.5%	23.6%
Social, emotional & mental health	16.9%	17.6%	19.1%	20.3%
Specific learning difficulty	10.4%	9.5%	10.1%	9.8%
Other difficulty/disability	6.9%	6.7%	5.4%	5.2%
Moderate learning difficulty	9.8%	8.9%	6.5%	5.0%
SEN Support but no specialist assessment	1.6%	1.4%	2.9%	2.7%
Hearing impairment	2.4%	2.1%	2.1%	2.0%
Physical disability	1.6%	1.7%	1.7%	1.7%
Severe learning difficulty	1.5%	1.5%	1.2%	1.1%
Profound & multiple learning difficulty	1.3%	1.3%	1.1%	1.1%
Visual impairment	0.5%	0.5%	0.4%	0.4%
Multi-sensory impairment	0.2%	0.3%	0.1%	0.1%
Total	4785	4947	5291	5496

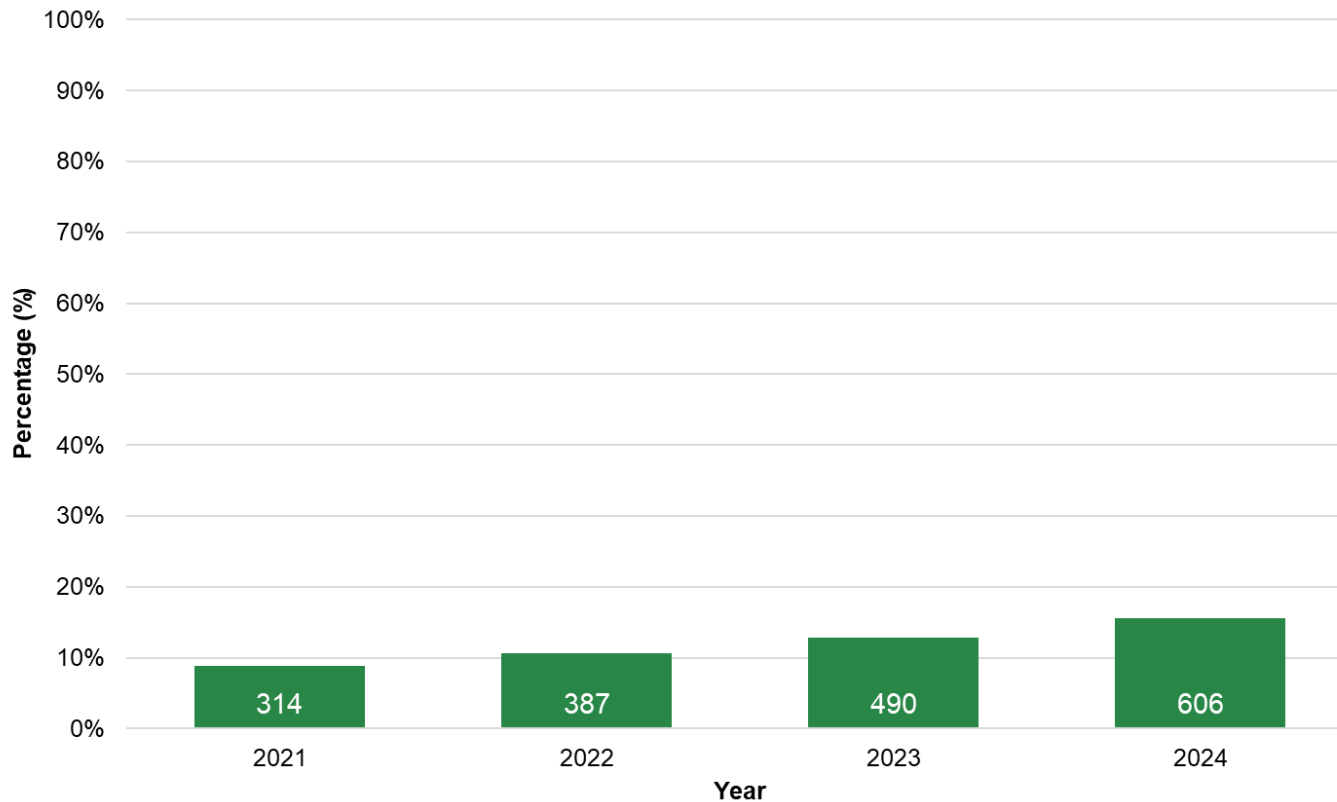
Notes: This includes SEN support and EHCPs

Source: MIME consulting analysis

- Islington schools tend to have large SEND cohorts, ranking second highest in England for both the percentage of pupils with EHCPs (6.7%) and the percentage of pupils with SEN Support (17.1%).
- The SEND cohorts across Islington’s mainstream primary schools are particularly large, with 22.7% of pupils identified with SEND compared with 17.1% across England.
- 1,477 pupils which is over a quarter (26.9%) of SEND pupils in Islington schools had autism as their primary need in 2024. This is the highest out of all local authorities in England. In addition, ASD accounts for more than half of the EHCP cohort.
- The number of SEND pupils with ASD as their primary need has risen from 897 pupils in 2021 to 1,477 in 2024 this is an increase of 64.7%

Children known to Islington schools with SEN Support

Percentage of SEN Support pupils identified with Autistic Spectrum Condition as their Primary Need, Islington, 2021 - 2024



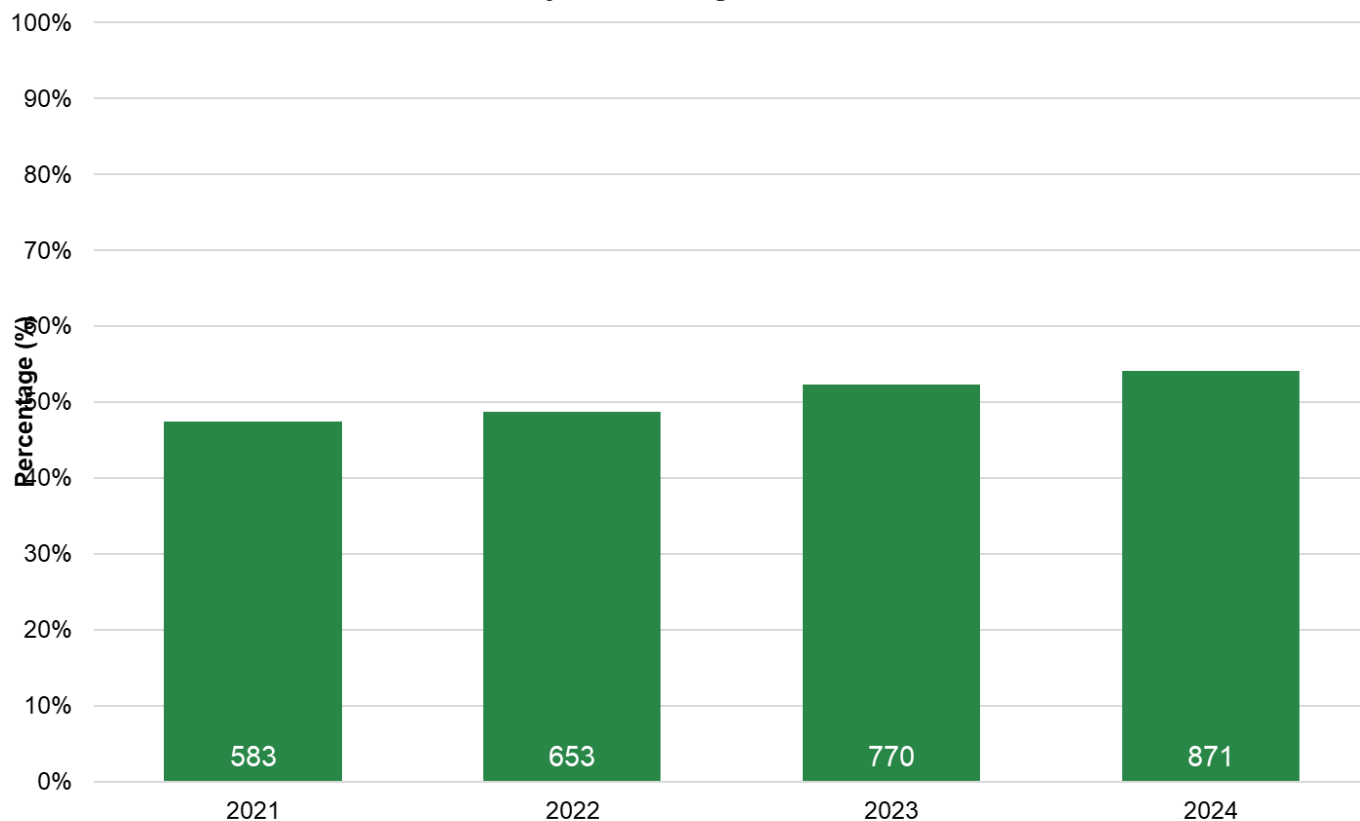
Notes: Data presented is a weighted average of state-funded primary, secondary and special school data (PRUs are excluded). Data based on where the pupil attends school.

Source: Mime Consulting Analysis

- Special education provision in schools is called [SEN support](#). This is the first tier of support provided by schools. SEND provision can lead to an Education Health Care Plan (see slide 59)
- In 2024, there were a total of 3887 SEN support pupils
- In 2021, 314 (8.8%) of SEN support pupils had ASD. This rose to 606 pupils (15.6%) in 2024 which is an increase of 93%.
- In primary schools, 18.1% of SEN support pupils were identified as having ASD. This is the 2nd highest proportion in England.
- In secondary schools, 11.3% of pupils were identified as having ASD.

Children known to Islington schools with EHCPs

Percentage of EHCP pupils identified with Autistic Spectrum Condition as their Primary Need, Islington, 2021 - 2024



Notes: Data presented is a weighted average of state-funded primary, secondary and special school data (PRUs are excluded). Data based on where the pupil attends school.

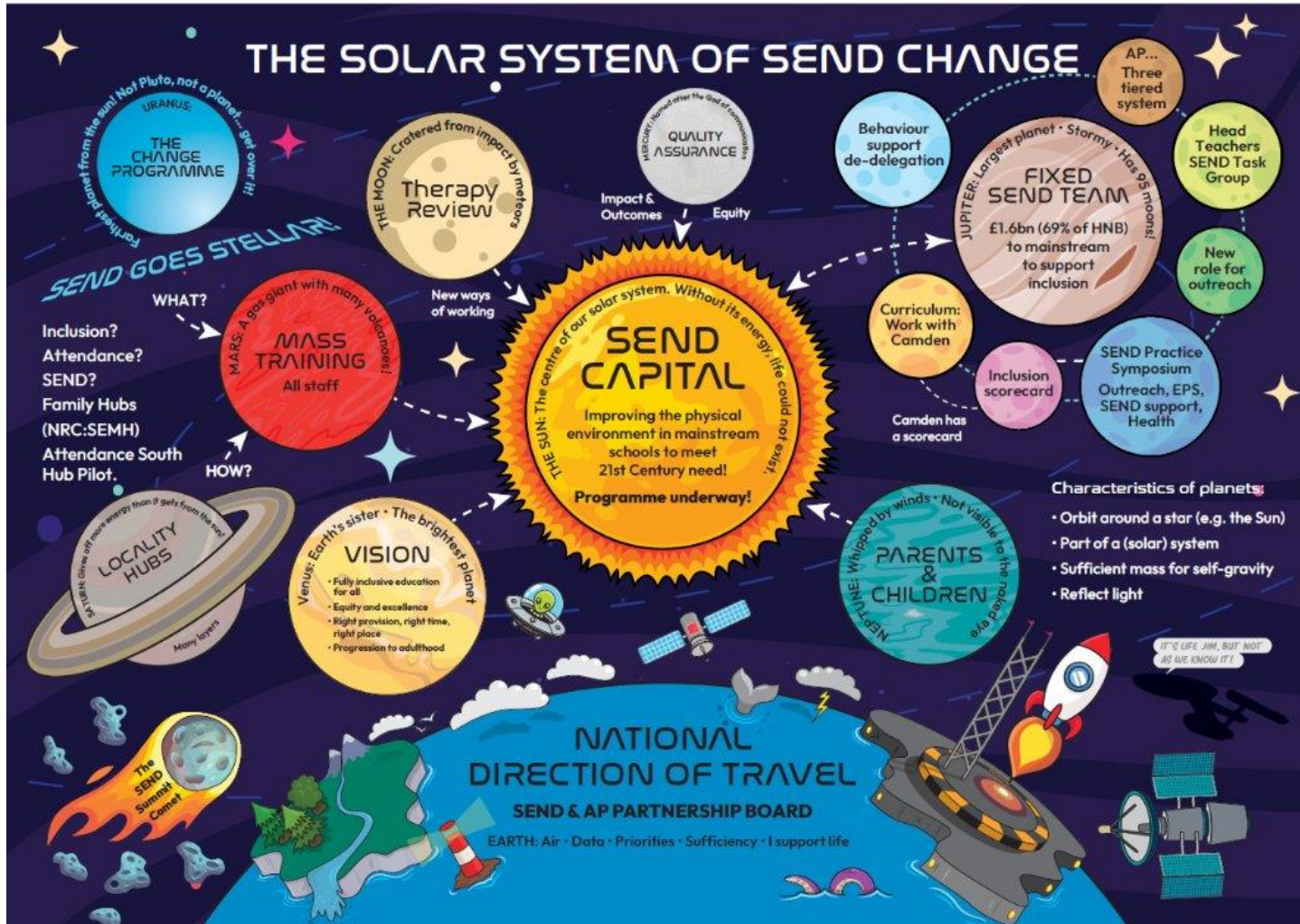
Source: Mime Consulting Analysis

- An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than available through special educational needs support.
- In 2024, there were a total of 1,609 pupils from primary, secondary and special schools who had EHCPs.
- In 2021, 583 (47.4%) of EHCP pupils had ASD. This rose to 871 pupils (54.1%) in 2024 which is an increase of 50%.
- In Primary schools, 58.5% of EHCP pupils had ASD. This is the 4th highest proportion in England.
- In Secondary schools, 33.8% of EHCP pupils had ASD.
- In Special schools, 60% of EHCP pupils had ASD.

What support is available for autistic young people in education?

- Schools in Islington have a duty to provide support for children with special educational needs. Most Children and Young people are supported in their local mainstream school or Early Years setting.
- The [Islington local offer](#) sets out what support Islington council expects early years settings, schools and colleges to make for all children with SEN or disabilities.
- All schools have Special Educational Needs Coordinator (SENCO) who makes sure that children get any extra support they need.
- [Islington SENDIASS](#) - A free, impartial, and confidential service offering information to young people with special educational needs and disabilities (SEND) and to their parents and carers.

Responding locally to needs in Education



A new strategic approach termed the 'SEND Solar System of Change' is being implemented in Islington. The framework promotes inclusive practice, integrating early intervention, family support, and data-driven decision making.

Examples of specific initiatives include:

- Implementation of a **Quality Assurance and equity scorecard**. This has been developed with the Headteacher SEND Task Group, adapted from [the Exeter Model](#), for schools to track and challenge disparities in SEND outcomes.
- **Capital investment to enhance the physical environments of school** for children and young people with SEND with a particular focus on neurodiversity.
- Implementation of a **borough-wide inclusion training programme**, school-based and flexible.

Transitions

Transitioning from primary to secondary school

- The transition from primary to secondary school can be challenging for autistic children for several reasons including: larger environment, new timetables and structure, increasing number of teachers and navigating new social dynamics [1].
- Islington has embedded a 'Transitions Framework – a graduated approach' which details the essential stages of transition and provides good practice.

Transitioning from school to further education

- Autistic adults are less likely to enrol in post-secondary education and those who do are more likely to drop out compared to their non-autistic peers [2].
- Autistic adults who do graduate from university earn less, on average, than their non-autistic peers [2].

Beacon High School, Islington (Secondary)

The school has embraced an inclusive philosophy, ensuring that every student is included and supported. The school reduced suspensions from 300 a year to just 25, with only one permanent exclusion last year. The school has become a safer and calmer place, with student behaviour towards each other significantly improved. The school provide extensive support for students with SEND and those who have experienced trauma. They organise delivery of the Year 7 curriculum along the lines of Year 6 (i.e., teachers come to a fixed class base rather than students navigating different classrooms) as one of many adjustments to support transition. Beacon High is one of only 200 schools in the country to hold the Inclusion Quality Mark 'Centre of Excellence' status.

Progression for Adulthood (PFA)

The Transition Team works with young people who have severe and complex needs. The team is responsible for coordinating the planning process that will start well in advance of leaving school, so that the young person's needs and choices are fully explored and listened to.

Extracted from a Children's Service Scrutiny [report](#).

1. Institute for Social Justice. School transitions for autistic young people in mainstream settings. Available at: <https://www.yorks.ac.uk/media/content-assets/research/institute-for-social-justice/School-transitions-for-autistic-pupils-report.pdf>

2. NHS England. 2025. Meeting the needs of autistic adults in mental health services. Available at: <https://www.england.nhs.uk/long-read/meeting-the-needs-of-autistic-adults-in-mental-health-services/>

Employment

- Work won't be appropriate for everyone on the autistic spectrum, but research from the National Autistic Society shows that the majority (76%) want to work [1]
- Research has shown the positive association of employment for autistic people's overall quality of life [2]
- Under the Equality Act 2010, employers must make reasonable adjustments to support job applicants and employees who meet the legal definition of disability (including autistic people) [3] [4]
- The Department of Workplace and Pensions recently published The Buckland Review of Autism Employment, which found [5]:
 - 3 in 10 working age autistic disabled people are in employment, compared with around 5 in 10 for all disabled people and 8 in 10 for non-disabled people.
 - Autistic people experience the largest pay gap of all disability groups, on average being paid a third less
 - Autistic graduates are also twice as likely to be unemployed after 15 months as non-disabled graduates, with only 36% finding full time work in this period.
 - Maintaining long term work can also be difficult for autistic people, and many autistic people were not aware of their legal rights around asking for reasonable adjustments. Access to adjustments is variable, around 1/3 of autistic people didn't feel comfortable discussing these, and of those who requested reasonable adjustments, over a quarter were refused.
 - Only 35% of autistic employees are fully open about being autistic, and 10% hadn't told anyone at work.
- In Islington, the iwork service supports people into local jobs, training, or apprenticeships, offering support with their CVs, interviewing skills, and job searching tailored to individual needs.
 - 26,781 clients registered from 2016 to July 2025 of which 1% (279) document having Autism specifically. Since 2006, there were 3414 paid job outcomes to July 2025, of which 0.7%(24) document having Autism specifically.

[1] The National Autistic Society (2016). The autism employment gap: Too Much Information in the workplace. [TMI Employment Report 24pp WEB.pdf](#)

[2] Mason, D., McConachie, H., Garland, D., Petrou, A., Rodgers, J. & Parr, J. R. (2018) Predictors of quality of life for autistic adults. *Autism Research* 11 (8) [Predictors of quality of life for autistic adults - Mason - 2018 - Autism Research - Wiley Online Library](#)

[3] Zaidi, K., Balogun, B., & Ward, M. (2025) Research briefing: Supporting neurodivergent people into employment. House of Commons Library. [Supporting neurodivergent people into employment - House of Commons Library](#)

[4] National Autistic Society. What support can I get at work as an autistic person? Webpage. Accessed 14/10/25. [What support can I get at work](#)

[5] Department for Work & Pensions (2024) The Buckland Review of Autism Employment: report and recommendations. [The Buckland Review of Autism Employment: report and recommendations - GOV.UK](#)

Barriers to employment for autistic people

Barriers to seeking, gaining, maintaining and progressing in employment for autistic people [1, 2, 3, 4]

- Inaccessible recruitment barriers – interviews (including nature of questions or the environment) can be particularly overwhelming
- Outdated attitudes by employers (stigma) and carers advisers in schools
- Lack of necessary support or adjustments to enable autistic people to fulfil their role
- Inaccessible sensory and social environments
- Overwhelming commute
- Worried about impact on benefits
- Lack of confidence about the workplace, for example due to lack of experience, previous negative work and/or educational experiences can impact readiness to look for work, or ask for adjustments. Autistic young people may not have had the opportunity to gain work experience or participate in volunteering during their time at school.

Barriers/misconceptions from employers [2]

Biases, stigma and stereotypes about autism, caused by a lack of understanding and awareness about autism and can result in perceived barriers for employers to employ autistic people. In relation to disability more generally, employers perceived barriers to hiring disabled people due to costs and practicalities of making workplace adjustments (among other reasons). However, many adjustments are cost free, and schemes are available to help with costs.

Reasonable adjustments employers could make

Common reasonable adjustments employers could make for autistic people in the application process [4]

- Inclusive interviewing e.g. consider skills-based questions and how questions are asked, share details of interview and interviewees, questions and locations in advance, offer remote interviews .
- Supported internships are a useful way for autistic young people to develop skills and work experience [see Islington Case study]

Common reasonable adjustments employers could make for autistic people in employment [5]

- Communication and social situations - asking managers and colleagues to use clearer language, giving tasks in writing, giving more time to prepare for questions, options for quieter social events
- Environment – autistic people may be more sensitive to sounds and visual stimuli, so employers could move their work desk somewhere quieter, provide a fixed desk, provide equipment such as headphones, relaxing the dress code
- Flexibility – allowing a phased start to build a routine, having a predictable timetable or tasks, allow flexible working times to avoid busy public transport, allow breaks, allow homeworking, job/role carving
- Management – provide additional supervision or support
- Awareness – raising awareness and understanding of autism in the workplace
- Encourage and support career progression

A universal “**inclusion by design**” approach may be beneficial so that autistic people don’t feel pressured to disclose their diagnoses and will likely be useful for all staff too [2].

[1] National Autistic Society. What support can I get at work as an autistic person? Webpage. Accessed 15/10/25. [What support can I get at work](#)

[2] Department for Work & Pensions (2024) The Buckland Review of Autism Employment: report and recommendations. [The Buckland Review of Autism Employment: report and recommendations - GOV.UK](#)

[3] Mencap (2022) Work and learning disability research. [Learning disability and work - final report 31.10.22\[77\] \(2\) \(1\).pdf](#)

[4] Employment Autism. Webpage. Accessed 15/10/25. [Employment Autism - Employment Autism](#)

[5] National Autistic Society. What are reasonable adjustments and when can they be requested? Webpage. Accessed 15/10/25. [What are reasonable adjustments and when can they be requested](#)

How late diagnosis can affect experiences of employment

- The London Metropolitan University looked at the employment rates and experiences of people with disabilities in the workplace in Islington. As part of this, they carried out focus groups with residents to understand barriers to accessing employment. One barrier to employment for autistic people they found was due to the problems caused by late diagnosis/waiting times for autism diagnoses, especially for women [1].

“I got diagnosed, got my result as being autistic and yeah, so I'm finding it difficult to manage my problems. But it's interesting, because, you know, I've been working many years in my life. And then finally, at this age, well, I'm actually 40. I've just been diagnosed after all these years. And really, it's like, throughout these years, when I was working, I had problems like mixing in with people in the workplace. So, you know, I did things well on the job. But it was so hard for me to speak out about problems I was having amongst all these people because I just found it difficult. And they were putting more work on me and more work. But I did do it, you know, managed it. And I couldn't speak out, but now having to realise that I've got this diagnosis, maybe if I do get back into work, perhaps I could inform the employer. I don't know how I will do that” Participant diagnosed with autism, in mental health focus group

[1] London Metropolitan University and London Borough of Islington (2023) Islington disability and long-term health conditions employment project.

What is available to support autistic people in employment?

National schemes / pots of money

- [Ambitious about autism](#) offers support for autistic people seeking work, supported internships and support for employers
- [Mencap](#) offer a supported employment service for people with learning disabilities and autism
- [Access to work](#) is a government-funded grant scheme that supports people who meet the legal definition of disability (including autistic people) to get or stay in work, and provides practical and financial support such as specialist equipment, travel and can include support in interviews.
- [The Neurodiversity Employers Index \(the NDEI®\)](#) can help businesses learn what good support for neurodivergent employees looks like and become a leading neuroinclusive employer

Local schemes

- [Islington Supported Employment Team \(ISET\)](#) will help Islington residents 18 years old and over with a Global Learning Disability (GLD) and/or autism to access support with their search for paid employment. The team also deliver employer lunch and learns aimed at raising awareness, reasonable adjustments and access to work, and equipping them to become Disability Confident Employers
- [Islington Mental health employment service](#) is able to provide specific support for residents who are autistic, in addition to experiencing mental health problems.
- [DFN Project Search](#) supports young adults who have a learning disability or autism spectrum condition to secure meaningful permanent employment, via a supported internship programme.
- [Care trade](#) offer the autism project which a two year employability programme for autistic young people, in work and interview support in London, and other resources/support
- [Unity futures](#) offer wellbeing and employment for young people with a learning disability and autistic people (16-24) in London
- Islington is part of the national [connect to work](#) scheme, and offers a free programme that offers personalised, one-to-one support for people with disabilities, long-term health conditions and other complex barriers to work.
- [Hillside Clubhouse](#) are a mental health charity which offers support with employment, and have developed a Neuro-inclusion Policy to ensure they are providing a neuro-inclusive workplace for staff, members and volunteers, and have also committed to ensuring their recruitment process is neuroinclusive.

Housing

- Across the autistic spectrum, accessing suitable housing can be a challenge, some autistic people live with their family, others choose to move away from home. Options available could include renting or buying a house or flat (with or without formal support), moving into shared accommodation or getting a place in supported housing, where additional care and support are provided [1].
- Residential care or supported accommodation may be designed to meet the needs of those with learning disabilities or physical health problems but not specifically for people with autism. There are some charities who offer supported accommodation options specifically for autistic people.
- Disabled facilities grants and direct payments can be used to fund adaptations to homes and universal credit can be used to help pay for rent. For those with the most complex needs, accommodation and care costs are met from Continuing Health Care funds (the provision of support either in a family home or in a care home). Those with an intermediate level of need may not qualify for (enough) funding to make independent living possible, and may rely on family carers. The general shortage of affordable housing is a barrier, even where the person has the skills and confidence to do so
- ONS data from 2021 shows that those with autism were more likely than non-disabled people to be living with parents (76.0% vs. 19.2%), and/or own their own home (3.8% vs 53.3%). This could be for a variety of reasons (including due to the way data was collected), but likely also impacted by varying levels of need and ability to access employment [2]
- A recent narrative research review shows that many autistic people and their families have a positive view of living independently and important for personal development, but also found that poor employment opportunities were a barrier to affording independent living for autistic people. Other barriers included sensory overstimulation, ability to carry out certain daily living tasks, or managing finances. One of the studies in the review identified some of the positives of living independently, e.g. learning new skills, access to services, improved social life and access to an age-appropriate lifestyle [3]. .
- Living independently will not be appropriate for everyone, and we should also point out that not all autistic adults will benefit or prefer to live independently. Whilst many parents and other family members may be happy to provide care at home on a long term basis, there is often worry about who will what will happen to the autistic person and where they'll live when they are no longer able care (and some may not be willing or able to provide care) [3]

[1] Autism Central. Living independently. Webpage. Accessed 04/11/25. [Living independently | Autism Central](#)

[2] Office for National statistics (2021). Outcomes for disabled people in the UK: 2021. Available from: [Outcomes for disabled people in the UK - Office for National Statistics](#)

[3] Mason D, Milner V, Clark L, Kelly E, Pyefinch R, Happé F (2023). Autistic People and Moving Home: A Systematic Review. *Autism Adulthood* 5(3). Available from: [Autistic People and Moving Home: A Systematic Review – PMC](#)

Autism friendly housing environment

- Everyone has the right to adequate housing that meets their needs – for autistic people this needs to take into account the sensory environment.
- No two autistic people are the same and will have varying levels of need and sensitivity to different aspects of the sensory environment but generally may experience [1]:
 - Hyper-sensitivity (more sensitive than other people) which can lead to sensory overload
 - Hypo-sensitivity (much less sensitive than other people) and might seek out more intense sensory experiences
 - A mix of both – e.g. different levels of sensitivity in different senses, to different inputs within the same sense. This might change over time or depending on the environment or your mental and physical health.
- Adaptations to the sensory environment (sound, sight, smell, touch and smell) can be made to make them more ‘autism friendly’. Below are some considerations to think about written by the Local Government Association, co-produced with people with lived experience [2].
 - **Sound** in housing can be difficult for autistic people (e.g. from hard floors or high ceilings) - soft furnishings, gently closing doors, carpet, sound absorbing panels are useful, and noises from electrical systems (e.g. pipes, heaters, extractor fans) could be reduced or limited if possible and safe to do so.
 - **Sight:** fluorescent lighting, flickering bulbs, bright patterns or reflective surfaces may cause discomfort and can be avoided.
 - **Touch:** sensitivity to touch is common e.g. from temperature, texture or pressure – being aware of ‘scratchy’ materials/bedding and having soft “quiet” fabrics may be useful.
 - **Smells:** unscented products and limiting change might be useful
 - Some of the above are often outside of our control, so it’s also important to consider the location of housing for autistic people where possible too.

[1] National Autistic Society. Autism and sensory processing. Webpage. Accessed 4/11/25. [Autism and sensory processing](#)

[2] Local Government Association (2020) Considering and meeting the sensory needs of autistic people in housing: Supporting autistic people to flourish at home and beyond. Available from: [Considering and meeting the sensory needs of autistic people in housing | Local Government Association](#)

Housing – local picture

- It is likely that there are a significant number of people with autism living in social housing – however, autism is not regularly recorded on housing systems, and so if people with autism have a need it is not always identified, unless they let housing know directly.
- Housing services can make reasonable adjustments to homes if they are aware of support needs. When support needs are identified at any time during a tenancy, the housing services will make support referrals to various organisations, including children and adult social care, drug and alcohol and mental health services [see case study].
- The Department for Health and Social Care funded a toolkit for place-based strategies for housing for autistic adults in local areas [1]. Part of it involves understanding local needs and trends – the Islington housing team is currently working on a project to understand council tenant’s housing conditions and support needs – including autism (see below).

Islington housing tenancy audit initiative

As part of our tenancy audit initiative, we will be visiting all residents to assess both their housing conditions and support needs. During these visits, if a resident discloses that they have autism, we will ensure this is accurately recorded on their housing file as a vulnerability. Capturing this information is essential for enabling reasonable adjustments in tenancy management and ensuring tailored support is provided.

Examples of reasonable adjustments may include:

- Offering quieter meeting locations for residents who are sensitive to noise or busy environments.
- Providing information in accessible formats.
- Coordinating with support services to ensure sustained tenancy and wellbeing.

Case Study: Supporting an autistic Islington council tenant

A tenant was identified as being at significant risk due to exploitation by local gangs. Being autistic made him particularly vulnerable and unable to recognise or respond to the risks appropriately. Following a comprehensive risk assessment, we took the following actions:

- **Safeguarding and Relocation:** The tenant was urgently rehoused into supported accommodation, as it was determined he could not manage independent living safely.
- **Multi-Agency Support:** We coordinated with statutory services to initiate a Care Act assessment and a Mental Capacity assessment.
- **Specialist Referral:** The tenant was referred to the local Autism Hub for ongoing specialist support.
- **Person-Centred Approach:** We ensured all engagement was tailored to his needs. For example, meetings were held in a quiet coffee shop, as he found busy environments overwhelming.
- **Empowerment and Advocacy:** Throughout the process, we listened to his preferences and ensured his voice was central to all decisions made.

This case highlights the importance of recognising autism as a vulnerability and making appropriate adjustments to safeguard and support our residents effectively.

[1] Social care Institute of excellence (2025) Toolkit for place-based strategies for housing for autistic adults and adults with a learning disability. Available from: [LD/Autism strategy template](#)

The criminal justice system

- Existing evidence suggests that autistic children and adults are overrepresented in the criminal justice system often due to unmet support needs and gaps in social care [1, 2].
- Autistic people are more likely to be victims and witnesses of crime than offenders.
- At least one in three people moving through the justice system are thought to be neurodivergent; many will not have been diagnosed during school days [3].
- The All-Party Parliamentary Group on Autism (APPGA) inquiry reported autistic people are often not identified early when they first come into contact with the criminal justice system. There are many reasons for this: including not having diagnosis, poor understanding of autism among professionals, limited access to reasonable adjustments to engage in the legal process and misinterpretation of autistic behaviours.[4]
- The HM Inspectorate Joint review found that there were lack of knowledge and understanding in relation to autism from police, prison and probation service [5].

[1] Penal Reform International [2024] Available from: [Understandingandsupportingtheneedsofneurodivergent people in prisons is a human rights issue - Penal Reform International](#)

[2] Centre for Justice and Innovation [2024] [How is youth diversion working for children with special educational needs and disabilities?](#)

[3] Youth Justice Board for England and Wales [2024] [Neurodiversity in the youth justice system - GOV.UK](#)

[4] All Party-Parliamentary Group on Autism (2019) [Autism Act 10 Years On: APPGA 2019](#)

[5] HM Inspectorate (2021). [Neurodiversity in the criminal justice system: A review of evidence](#)

Meeting needs across the Criminal Justice System

- Autistic people's experience could be improved at each stage of the criminal justice system to better reflect how autistic people think, communicate, or thrive [1].
- As with any member of society, autistic people can become involved in the criminal justice system as victims, witnesses or perpetrators of a crime [1].
- Under the Equality Act 2010, autistic people have the legal right to “reasonable adjustment” changes that remove disadvantages they may face and support engagement.

Whole system approaches for youth justice and youth offending [1]

- It is recommended that whole-child approach using Bronfenbrenner's ecological systems theory is adopted using the Six Ps framework:
 1. Preparation (staff awareness/training).
 2. Precipitating challenges (tipping points).
 3. Perspectives (context: home, school).
 4. Predisposition (past trauma, ACEs).
 5. Protective factors (support systems).
 6. Positive factors (strengths, resilience).
- It is recommended that there is a move away from labels to inclusive, child-centred practices.
- **Focus should be on behaviours and communication needs, not just diagnoses.**

Police interactions [2]

- The National Autistic Society have [a guide](#) for police officers around how to better support autistic people.
- They provide advice for managing police contacts such as switching off loud sirens, keeping calm, giving space, giving slow and direct instructions and giving individuals time to process information.

Courts

- Easy read forms
- More time to process information
- Opportunity to see the court room before appointment
- Told in advance about what to expect
- Clear language during questioning
- Separate waiting area

Prison

- Extra support from other staff
- Keyworker with awareness/understanding of autism
- Buddy schemes
- Adapted group programmes
- Choices with activities
- Choice with cell sharing
- Help using services or contacting people
- Adjustments in education and/or employment

1. Kirby, A. 2021. Neurodiversity – a whole-child approach for youth justice. Available at: <https://hmiprobation.justiceinspectores.gov.uk/document/neurodiversity-a-whole-child-approach-for-youth-justice/>

2. National Autistic Society. 2022. Experiences of autistic young people in the youth justice system. Available at: https://barrowcadbury.org.uk/wp-content/uploads/2022/12/NAS_Youth-Justice-Report.pdf

3. National Autistic Society. Criminal Justice. Available at: <https://www.autism.org.uk/advice-and-guidance/topics/criminal-justice/criminal-justice>

The criminal justice system – local picture

- It is likely that there are a significant number of autistic children and adults in contact with the criminal justice system in Islington. Stakeholders working across the CJS in Islington state that they commonly support autistic and neurodiverse people.
- However, there is very little data available. There are several reasons for this, including: it not being recorded in a consistent way, data permissions between services and underdiagnosis.
- As part of this needs assessment, we specifically looked at the number of children **diagnosed** with Autism in the Youth Justice Service. The numbers are too small to report. It is thought that young people are not being diagnosed at an early enough stage and interactions with the YJS are too short to seek diagnosis. Stakeholders report that the small numbers of young people in the YJS diagnosed is not a true reflection of need.

Examples of local support / reasonable adjustments

- [Islington Youth Justice Service](#) - The Youth Offending Service (YJS) work with young people aged 10 to 17 years who get into trouble with the police, charged or convicted of a crime. They also work with schools and other local agencies young people may come into contact with. The service use a **communication passport** in courts and ensure reasonable adjustments are made for autistic young people.
- Training for police officers - YJS and police run in-house autism training for new recruits. Every two months, they deliver sessions on young people's and parents' experiences of policing, covering race, communication, and neurodiversity. This programme is now part of the local police training schedule and includes input from Parent Champions.
- Neurodiverse wing and reps at Pentoville prison – There is a specific unit for neurodiverse individuals which creates a more supportive environment including a sensory room which helps promote emotional regulation and stress reduction. Neurodiverse reps have also been specifically trained to support and advocate for neurodiverse individuals.

Example of integrated health and CJS service: Choice Learning Disability Forensic Service

- Choice Learning Disability Partnership (CLDP) are part of the forensic service. For those who have been discharged from secure care into one of the five North Central London boroughs they fully case manage them and provide clinical responsibility from a health perspective.
- They offer assessment and time-limited input to those individuals based in the community and who are under the care of another health team. This includes those who have a diagnosis of Autism Spectrum Conditions with and without Learning Disability, who are presenting with risk-related behaviours to others.
- If a person is referred the team with a diagnosis of Autism Spectrum Conditions without a Learning Disability, who are usually under a community mental health team, they can:
 - Get involved with the network of professionals working with that person, can attend meetings, offer consultation regarding support and treatment offered to that individual. This can include guidance on housing and supported accommodation.
 - If the individual is involved in the Criminal Justice System, they can provide advice and guidance to professionals in the police/probation regarding understanding and working with that individual.
 - Complete an assessment, which often centres around exploring their risk and risk-related behaviour. This assessment will aim to identify areas of need to support that individual to reduce their risk of harm and increase protective factors.
 - In some cases, Occupational Therapist can offer a Sensory Assessment and their Speech and Language Therapist can offer Communication assessments. These assessments are often not primarily available through community mental health teams.
 - Offer time-limited psychological interventions, which can focus on their risk-related behaviours and other needs such as mood difficulties and understanding of and support within relationships. Group-based interventions such as a managing emotions group and a relationship (psycho-education) group are also offered.
 - Provide access to structured activities and offer social activities for individuals to socialise and meet others.

Social support and loneliness

- Alongside needs for more traditional services, people with autism can benefit from a range of social support services.
- While many Autistic people desire meaningful social connections, they often encounter barriers that make it difficult to form and maintain friendships, which can lead to feelings of loneliness [1].
- One study suggests autistic adults are up to four times more likely to feel lonely than non-autistic adults. This finding comes from a small study using self-reported questionnaires and interviews. Wider evidence support this trend: a review of 39 studies shows loneliness is consistently higher among autistic people and strongly linked to anxiety and depression.[2,3].
- Being alone is not the same as loneliness for Autistic people, and being alone can often be a positive feeling. Loneliness is the negative and persistent feeling of social isolation.
- Communication differences, sensory sensitivities, and unfamiliarity with neurotypical social norms are common challenges that can make forming and maintaining friendships difficult for Autistic people [4].
- For many Autistic people, the lack of acceptance and understanding from others leads to a profound sense of marginalisation.
- Evidence indicating that lack of social acceptance, feeling of isolation is linked to increased risk of suicide.
- Autistic people who experience loneliness are less likely to have healthy lifestyles, such as eating well and staying active, and are at greater risk of poor physical health. A large UK study found autistic adults were less likely to meet recommended targets for diet, exercise, and sleep, and were more likely to be underweight or obese, which was linked to increased cardiovascular risk [5]
- The evidence for what works to tackle social isolation is scant with large gaps around the needs of younger and middle-aged autistic adults.
- NICE Clinical Guidelines recommend structured leisure activity programmes for people who are socially isolated, including a focus on the interests and abilities of participants, regular meetings for a valued leisure activity, a facilitator with a broad understanding of autism to help integrate participants, and the provision of structure and support [6].

[1] Reframing Autism. (n.d.). *Friendship, loneliness and belonging in autistic people*. Available at : <https://reframingautism.org.au/friendship-loneliness-and-belonging-in-autistic-people/>

[2] Han et al. (2019).Autism Research. *Social and nonsocial reward moderate the relation between autism symptoms and loneliness in adults with ASD, depression, and controls*

[3] Hymas R, Badcock JC, Milne E (2024). Loneliness in autism and its association with anxiety and depression: a systematic review with meta-analyses. *Review Journal of Autism and Developmental Disorders*. 11(1):121–156. Available from: <https://link.springer.com/article/10.1007/s11464-022-09830-w>

[4] Libster, N., Taylor, J.L., Zheng, S., Bishop, S. and Adams, R. (2025). Examining Associations Between Social Experiences and Loneliness Among Autistic Youth. *Autism Research*, 18(11), pp.2323–2333. doi:<https://doi.org/10.1002/aur.70115>.

[5] Weir et al. (2021). An investigation of the diet, exercise, sleep, BMI, and health outcomes of autistic adults. *Molecular Autism*. 12:31. Available from: <https://link.springer.com/article/10.1186/s13229-021-00441-x>

[6] NICE (2016; updated 2021). Autism spectrum disorder in adults: diagnosis and management (CG142). Available from: <https://www.nice.org.uk/guidance/cg142>

What social support is available locally and nationally

- This slide provides a current snapshot of selected services. Some may not be listed, and availability may change over time

Example of local support

- [Daylight Islington](#) - provides day opportunities for adults aged 18 and over with autism and a learning disability.
- [Spectrum](#) is a day centre for autistic adults and adults with learning disabilities which helps people join community activities and learning opportunities and supports people to become more independent, healthy and confident.
- [The Autism Hub Camden and Islington](#) - provide expert advice, information, support, and signposting to service users, their families, careers, and other professionals.
- [Asperger London Area Group](#) – Provides social and emotional support for autistic adults without a learning disability who may be vulnerable to neglect and lack of support.
- [Centre404](#) supports people with learning disabilities, autistic people, and their families helping with information and advice and health and wellbeing.
- [Elfrida Society](#) offer a range of advocacy services for people with learning disabilities and/or autism
- [London Autism Group Charity Old Street Community Café](#) – Inclusive activities and chat for all age autistic community, families, and carers.
- [LEGO THERAPY FOR CHILDREN](#) - The TOY Project runs LEGO-based play therapy sessions for children aged 5+ with social and communication needs.
- [Creative Art Group for autistic children and young people](#) – offers weekly activities like art, poetry, and crafts to build confidence and connection for children and young people with social communication needs.
- ~~[Artbox London](#) - A supported art studio for neurodivergent artists to create, connect, and grow through art.~~

[1] Anchieta et al. (2025). Effects of social skills training on social responsiveness in autism spectrum disorder: a systematic review with meta-analysis. *European Child & Adolescent Psychiatry*. 34:2007–2022. Available from: <https://link.springer.com/article/10.1007/s00787-025-02697-7>

The needs of carers

- There are many definitions of a carer, including those found within various national policy and legislation documents. [Islington's Adult Carer Strategy](#) describes a 'Carer' as:
 - Someone of any age who provides care to someone of any age who has a physical disability, a sensory impairment, a learning difficulty, mental health support needs, problems with drug or alcohol misuse. A long-term or chronic illness is an older person who is physically or mentally frail or any combination of these.
- The majority of care for autistic children and adults is provided by family carers. Family carers often receive little or no support for their caring responsibilities.
- The recent Census 2021 found that there are around 5.8 million unpaid carers in the UK [1]. According to the National Autistic Society, there are an estimated 3 million family members and carers of autistic people in the UK [2]
 - In Islington, there are an estimated 14,840 unpaid carers (8.1% of the population aged over 18) based on the 2021 Census and 78% are female [3] but this is likely to be an underestimate due to underreporting.
- In 2025, a Carers UK survey found that most carers providing substantial care are not receiving carer's assessments. Of those that do, 42% said their local authority has not supported them after the assessment [4]. A recent carer survey in Islington, found that only 43.9% of carers surveyed had used information and advice services to help with their caring roles in the last 12 months [3].
- Caring responsibilities generally can affect the physical and mental health of carers, and their education and employment potential too, which can result in worse health and quality of life outcomes. Many carers attribute their health risk to a lack of support [5]
- Many parents and family carers worry about what will happen to their children once they can no longer care or advocate for them [6]
- As part of the new National Autism Strategy, DHSC and DfE conducted a call for evidence with autistic people, families, carers and organizations who provide care, and identified a need for more support groups for families and carers of autistic people, and that respite care wasn't sufficient to meet needs. It also found that adult carers were not sufficiently aware of the rights under the Car Act 2014 [this research predates the new care act 2024] [7]

[1] The Census [2021] Unpaid care, England and Wales. Available from: [Unpaid care, England and Wales - Office for National Statistics](#)

[2] National Autistic Society (2025) A constant fight. Available from: [A Constant Fight](#)

[3] Islington Council (2024) Adult carers strategy. Available from: [Islington Adult Carers Strategy 2024-2030 | Islington Council](#)

[4] Carers UK (2025) State of caring and Mental Health. Available from: [State of Caring and Mental Health - Carers UK](#)

[5] NHS England. Carer Facts – why investing in carers matters. Accessed 24.11.25. Available from [NHS commissioning » Carer Facts – why investing in carers matters](#)

[6] Marsack-Topolewski, C. N., & Graves, J. M. (2019). "I worry about his future!" Challenges to future planning for adult children with ASD. *Journal of Family Social Work*, 23(1), 71–85. Available from: <https://www.tandfonline.com/doi/abs/10.1080/10522158.2019.1578714>

[7] Department of Health & Social Care and Department for Education (2021) Call for evidence outcome - Summary of findings from the government's review of the National Autism Strategy 'Think Autism': call for evidence. Available from: [Summary of findings from the government's review of the National Autism Strategy 'Think Autism': call for evidence - GOV.UK](#)

What are carers entitled to?

Carers assessments [1] [2] [3]

Under the Care Act, carers have a statutory right to receive an assessment of their needs, and eligibility is determined at a national level

A carers assessment is free and anyone over 18 can ask to have one. The assessment looks at how caring is impacting on the carer: physically, mentally, financially, emotionally and having time for themselves

Carers are eligible if there is (or likely to be) a significant impact on their wellbeing as a result of caring for another person. Support may take the form of:

- Having a break from caring (day or overnight)
- Support to maintain good health and wellbeing
- Training, advice and support to feel confident providing care
- meeting carers groups
- Direct payments

The Carer's Leave Act 2023

Gives carers the right to take up to a week of unpaid carer's leave a year. There are concerns that some employers may not have been prepared for the new rights and that carers themselves are not aware of the entitlement [4]

[1] National Autistic Society [2020] Social care for carers in England. Available from: [Support available for carers in England](#)

[2] Islington Carers Hub. Support for carers of high-functioning autistic adults. Accessed 24.11.25. Available from: [Support for carers of high-functioning autistic adults – Islington Carers Hub](#)

[3] Islington Council. Get a carers assessment. Accessed 24.11.25. Available from: [Carers assessment | Islington Council](#)

[4] Carers UK [2024] Taking the next step for working carers - introducing a new right to paid Carer's Leave. Available from: [Taking the next step for working carers](#)

All-Age Carers Support in Islington

Adult

- [Islington Carers Hub](#) (ICH) - provides advice, information, and support to carers aged 18+ who live or work in Islington or care for someone living in Islington.
- The hub acts as a one-stop –shop for carers in the borough and offers. Hub also provides strategic leadership on carer's issues across our health, social care , private and voluntary sectors.
- Direct Payments are promoted so carers, who have been assessed as needing care and support, can choose and arrange the care or support themselves.
- Support includes:
 - advice, information and support on a variety of issues for carers such as Housing, Finances, Health and Wellbeing, employment and more
 - activities, get together and support groups
 - short breaks
 - training and workshops
 - opportunities to meet new people
 - support for the person you look after.
- Eligibility criteria:

Inclusions	Exclusions
○ Carers aged under 18	○ Carers aged under 18
○ Looking after anyone aged 18+	○ Paid domiciliary carers

Children

- [The Islington and Camden Young Carers Service](#) - The service offers whole family support, alongside one-one support for young carers and works intensively with families for up to 6 months.
- The aim of the service is to reduce the caring role undertaken and improve the positive outcomes of the family as a whole.
- The service offers:
 - Whole family support
 - 1:1 support for young carers
 - Support for those affected by parental mental illness
- Eligibility criteria:

Inclusions
○ Young people and children aged up to 18
○ Live in Camden or Islington

Carers support: Local and National

- [Teen Life](#) - a National Autistic Society 6-week course for parents and carers of autistic children aged 10 to 16. Includes a workbook which parents can refer back to after the course
- [Elfrida Specialist Advocacy Service](#) - offers a specialist advocacy service for parents with learning disabilities
- [Centre 404](#) - Support autistic people and their families to access information, advice and support with issues that affect their lives.
- [Islington CAMHS Post Diagnostic Support Webinars \(5-18 years\)](#) - Post diagnostic support for parents with children who are autistic and/or have ADHD
- [Short Breaks Service](#) - services that help adult parent/carers to more effectively provide care for their disabled child by providing them regular breaks
- [St Luke's Community Centre](#) – runs a fortnightly coffee morning for parents and carers of SEND children.
- [Sunflower Parent Carer Support](#) -provides parent carer support for those looking after children with special educational needs (SEN) in Islington.
- [Islington Parent Carer Forum](#) - Support for parents and carers of children with SEND, including autism
- [The Parent/Carer's Corner](#) -a offers useful resources, support and services to support parent/ carer wellbeing while their child or young is on waiting list for treatment.
- [The National Autistic Society \(NAS\) Islington branch](#) provides Information, support, and advocacy for autistic individuals and their families

Data gaps and next steps

Data gaps

- There is a lack of local data on the prevalence of autistic children and adults; we rely on a 1% national prevalence estimate and apply this to our local population. However, looking at the number of autistic people known to services and diagnostic data that we have access to, we think this prevalence figure is likely an underestimate. Not having accurate prevalence data makes it more difficult to understand the needs of our autistic population.
- In terms of diagnostic data, this was available for both children and adults. For adults, we did not receive demographic data which limits our understanding of which groups in Islington were more or less likely to be diagnosed. Ethnicity data by referral was not available for this JSNA; we need this data to understand whether there are inequalities and/or stigma in accessing services
- As far as we are aware, we have limited data available on autistic people accessing services. For example, housing, employment, social support and criminal and youth justice services do not routinely record autism status. This might partly be that many autistic people do not disclose or have not received a formal diagnosis. services do have reasonable adjustments available for autistic people, but it's difficult to understand to what extent these are being taken up or autistic people's experiences of these services.
- We did not receive any local data on autistic adults accessing mental health services. NHS Talking Therapies are in the process of improving how they record data on neurodiversity. Islington Mind provided insights on numbers of autistic people accessing their service (both diagnosed and those who self-identified as autistic).
- In general, we have limited outcomes data for autistic people. We supplemented with case study and stakeholder insights where possible.

Next steps

This report provides a snapshot of the best available data and evidence on the needs of autistic people in Islington. The findings are intended to support a range of strategic and operational priorities, including:

- Informing the development of the All-Age Autism Strategy, ensuring it is grounded in robust local insight and reflects the lived experiences of autistic people.
- Identifying and understanding barriers to accessing services, helping partners design more equitable, accessible and responsive support across the system.
- Supporting commissioning and strategic decision-making, enabling services to be planned and delivered based on clear evidence of need, gaps and opportunities.

As a next step, we will engage with relevant stakeholders and teams to share the findings from the Autism JSNA, encourage cross-sector dialogue, and support collaborative action on the priorities identified.

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About the report

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Glossary

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ADHD	A medical condition related to the child's behaviour and attention span, which can affect their ability to concentrate and learn
Autism-friendly	A term used to describe environments, services, and communities that are welcoming, accommodating, and supportive of autistic people, promoting their well-being and inclusion in society.
CAMHS	These services assess and treat children and young people with emotional, behavioural or mental health difficulties.
Co-occurring conditions	Additional conditions or disorders that can be present alongside autism, such as anxiety, depression, or learning disabilities.
Criminal and youth justice systems	Legal systems that deal with people accused or convicted of crimes, with a specific focus on understanding and supporting the needs of autistic people within these systems.
Department of Education (DfE)	In England the DfE oversees children's services and education policy. Their responsibilities include early years, schools, higher and further education policy, apprenticeships, and wider skills.
Department of Health and Social Care (DHSC)	The government department responsible for health and social care services in England.
Department of Work and Pensions (DWP)	The government department that manages welfare, benefits, and employment support in the UK.
Diagnosis	The process of finding out the nature and cause of a medical condition through looking at a patient's history and through carrying out medical assessments.
Education, Health and Care Plan (EHCP)	A plan for children and young people aged 0 to 25. It focuses on identifying individual outcomes and puts children, young people and their families at the centre of the assessment, planning and review process.
Integrated care board (ICB)	They are the statutory NHS organisations responsible for planning and arranging health services for their local population.
Misdiagnose / misdiagnosis	When someone is given the wrong diagnosis.

Glossary (cont.)

National Autistic Society (NAS)	A UK charity that supports autistic people and their families. It provides guidance, advice, and campaigns for improved rights, services and opportunities for autistic people.
NICE guidelines	An organisation that looks at what works in health and social care. They write guidance about how services should work.
Prevalence	The proportion of a population affected by a specific condition, such as autism.
SENCO	A SENCO is a qualified teacher in a school or maintained nursery school who has responsibility for co-ordinating SEN provision
Sensory	Problems with processing things like sounds, sights, smells or other sensory information.
Social, emotional and mental health (SEMH)	These are special educational needs where a child communicates through behaviour in response to unmet social, emotional or mental health needs. Children with SEMH needs often have difficulties in managing their emotions or their behaviour.
Social communication difficulties	Challenges faced by autistic people in verbal and non-verbal communication, including understanding and using spoken language, gestures, facial expressions, body language, and social cues.
Social isolation	Having little or no social contact with other people.
Special Educational Needs (SEN) support	Support that is additional to or different from the support generally given to other children of the same age. The purpose of SEN support is to help children achieve the outcomes or learning objectives set for them by the school.
Spectrum	Autism is a spectrum. This means everybody with autism is different. Some autistic people need little or no support.
Transition	A change or shift in life circumstances, such as moving from one educational setting to another or from education to employment, can pose challenges for autistic people who may struggle with changes to routines or environments