



Department  
of Health &  
Social Care

# **Government response to Lords Select Committee's report Time to deliver: The Autism Act 2009 and the new autism strategy**

CP 1477



Government of the United Kingdom  
Department of Health & Social Care

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Presented to Parliament by the Secretary of State for Health and Social Care  
by Command of His Majesty

January 2026

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# 1. Introduction

This is the government's response to the recommendations made by the House of Lords Autism Act 2009 committee in its report [Time to deliver: The Autism Act 2009 and the new autism strategy](#), published on 23 November 2025.

The government welcomes the committee's report. We are grateful to everyone who contributed their time and expertise in providing evidence to the committee. In particular, we welcome the involvement of autistic people and those who support them.

The report highlighted some positive changes since the Autism Act 2009:

- awareness of autism has grown and there is greater recognition from both national and local government
- the Oliver McGowan Mandatory Training on Learning Disability is being rolled out to health and care staff
- the programme 'Learning from lives and deaths - people with a learning disability and autistic people' (LeDeR) has been extended to include autistic people without learning disabilities

However, the report also found that many autistic people are struggling to cope and are seeking a diagnosis to access basic help. Services are struggling to cope with the numbers of people seeking assessment and support.

The committee has made several recommendations in 'Time to deliver', which we have responded to below following the same chapter titles used in the report.

## 2. The Autism Act, autism strategy and statutory guidance

### Recommendations

The government must immediately begin development of the new cross-government, all-age autism strategy, so it takes effect when the current one expires in July 2026. The new strategy should be structured around the 6 key themes outlined in this report:

- improving understanding, acceptance and accessibility
- identification, assessment and support
- reducing health inequalities and building support in the community

- access to education and transitions to adulthood
- employment
- criminal justice

The new strategy should be based on principles that:

- the meaningful involvement of autistic people and those that support them will be critical to the strategy's success
- ensuring autistic people can access the right support at the right time is vital to enabling them to live fulfilling lives
- autistic people and their needs are diverse; every autistic person has different strengths and needs; and those needs may fluctuate over the lifespan, so support must be flexible, responsive and person-centred
- autistic people often need most support just at the times of transition in life when support may be most likely to fall away
- making society more inclusive for autistic people will help make it better for everyone

The government must:

- meaningfully involve a diverse range of autistic people and people who support them in every stage of the development and delivery of the new strategy and of every policy under it
- produce a deliverable and costed plan for the implementation of the strategy. This should make clear who will be responsible and who will be accountable for national, regional and local delivery of the strategy. A named government minister must be accountable for the overall delivery of the strategy. Annual progress reports must be published
- identify in the strategy a focused set of priority outcomes, actions that will help achieve them, and how progress against each priority will be measured
- set out in the strategy a plan to improve cross-government data collection and reporting on outcomes

To be a success, the strategy will need to identify cross-cutting, systemic barriers to improving outcomes for autistic people and set out how the government will overcome those barriers. In particular:

- the strategy must set out how the government will give services the support and incentives they need to invest in early support and ensure they are held to account for failures to provide such support
- the strategy must set out a plan to strengthen the involvement of autistic people and those who support them in the development and delivery of services at every level
- the strategy must set out how the government will support specialist services and professionals to advise and build capability across mainstream services
- the government must establish a research initiative to fund, develop and test co-designed interventions to improve priority outcomes for autistic people and enable effective interventions to be scaled up

The government must produce updated statutory guidance to the Autism Act to support the new autism strategy. This should:

- identify a clear, focused set of duties for the NHS and local councils, making clear what is mandatory and what is recommended they do to implement the autism strategy
- make clear the relationship between duties under the Autism Act and duties under other relevant legislation, including duties towards autistic children and young people
- confirm that each local authority should have a named joint commissioner or senior manager to lead the commissioning of care and support services for autistic people
- confirm that each local authority should set up a meaningful autism partnership arrangement
- set out what information local authorities and NHS bodies will need to provide to the government to enable progress against the strategy to be measured, for example through a new self-assessment framework
- make clear how the government will hold a local authority or NHS body to account if it does not follow the statutory guidance and does not have a good reason why not
- make clear how autistic people and those who support them can access independent recourse when services fail to meet their needs

These recommendations are from paragraphs 146 to 149 of the report.

## **Government response**

We welcome the recommendations made in the committee's report, and the helpful suggestions on what the strategy should cover.

We think it is important to acknowledge that the policy landscape has changed significantly since the publication of the Autism Act in 2009 and it is within this new context that we provide our response to the committee's recommendations: most notably, the cross-government missions set out in our Plan for Change. In a specific example, our 10 Year Health Plan for England centres around 3 strategic shifts:

- a move from care in hospital to in the community
- from analogue to digital service delivery
- from a focus on sickness to more focus on prevention of ill health

We welcome the large amount of evidence gathered by the committee as well as the work it has done to ensure that autistic people, and those that support them, were able to participate in the development of its report. These recommendations will be considered alongside other evidence, engagement and relevant work underway across government, all of which will help to shape our future autism strategy. This includes engagement that is already planned or underway for various reviews, papers and reports. We will draw on the totality of evidence and, where needed, engage with stakeholders and people with lived experience to build on the committee's suggestions.

We recognise that meaningful engagement will take time, so a balance will need to be struck as to what level of further engagement is required, and the current strategy will remain in force while we do this.

Some work that is already underway will start to address the committee's recommendations, for example for early support, through special educational needs and disabilities (SEND) reforms and the upcoming schools white paper. This and other work, such as the 'Make Work Pay' report, and the independent review into the prevalence and support for mental health conditions, ADHD and autism, needs to inform and contribute to our autism strategy.

We remain committed to working together across government to improve outcomes for autistic people, and the committee's work is helpful in informing our approach to the development of the next autism strategy.

# 3. Improving understanding, acceptance and accessibility

## Recommendations

The government must as a matter of urgency implement a new initiative to improve understanding and acceptance of autism. This should be led at ministerial level and produced with autistic people and those who support them. This initiative should be designed to engage and inform both the public in general, and staff in public-facing roles in particular. It must reflect the diversity of experience of autistic people. It must also be evaluated robustly, including by autistic people.

This initiative should be underpinned by regular polling, tracking changes to public attitudes to and understanding and acceptance of autism.

As a key part of this, the government must commission a national programme of accredited mandatory training in autism and neuroinclusion for public-facing staff in all public bodies and service providers. This training should also be developed with and led by autistic people and those who support them and should be made available to private sector businesses and organisations.

Strengthened and updated statutory guidance needs to set out how the NHS, local authorities and all public bodies and service providers must meet their duties in equality law to ensure that public services and environments are fully accessible to and inclusive of autistic people. This must take account of the principles of universal design and the British Standards Institution guidance (PAS 6463) on designing buildings to be accessible to neurodivergent people. It must also involve meaningful consultation with autistic people and those who support them about accessibility needs.

These recommendations are from paragraphs 217 to 221 of the report.

## Government response

As part of our work to develop a future autism strategy, we will consider these recommendations and we will look at the evidence in order to decide where additional action may be beneficial, taking into consideration relevant work that is already underway.

The response below sets out work that is already underway to support improved understanding and acceptance of autism, including mandatory training on autism for the health and care sector and improving accessibility of NHS services, homes and public spaces.

The government is committed to ensuring that autistic people across the country are supported to thrive. We value the strengths and skills that autistic people bring to our communities. We are determined to shape inclusive policies that are informed by lived experience to reduce barriers and foster greater understanding and acceptance in every aspect of society. We are already taking action to increase awareness and understanding of autism among public-facing staff across the health and social care sector, education and employment.

### **Understanding and acceptance of autism**

Training can be a useful tool for increasing awareness and acceptance of autism among frontline staff interacting with autistic people. This is why, under the Health and Care Act 2008, from 1 July 2022, all Care Quality Commission (CQC) registered health and care providers are required to ensure their staff receive training on learning disability and autism appropriate to their role. This statutory requirement is designed to ensure staff have the right knowledge and skills to provide safe and informed care for people with a learning disability and autistic people.

[The Oliver McGowan Mandatory Training on Learning Disability and Autism](#) is the preferred and recommended training package by NHS England and the Department of Health and Social Care (DHSC). One of the strengths of The Oliver McGowan Mandatory Training on Learning Disability and Autism is that it has been co-produced and independently evaluated with over 8,000 people in 2021, and that it must be delivered alongside a person with a learning disability and an autistic person. Over 3 million people have completed the elearning package, which is the first part of Oliver's Training and is freely accessible to the public on the NHS hub 'elearning for healthcare'. More than 2,700 people have been trained to deliver the interactive second part of Oliver's Training nationwide.

DHSC also launched the Adult Social Care Learning and Development Support Scheme (LDSS) in September 2024. This scheme provides funding for eligible care staff to undertake courses and qualifications, including those specifically designed to support autistic adults. The LDSS is backed by up to £12 million, and £11.98 million specifically for The Oliver McGowan Mandatory Training on Learning Disability and Autism in 2025 to 2026. Eligible courses on the LDSS include the Level 2 Certificate in Understanding Autism and the Level 2 Adult Social Care Certificate which includes modules on awareness of learning disability and autism, working in a person-centred way, and communication. It is expected that learners undertaking the Care Certificate will have attended training that meets the standards in the code of practice on statutory learning disability and autism training.

Work is also specifically underway to raise awareness of autism in education settings. NHS England and DHSC are working closely with the Department for Education (DfE) on

the Partnerships for Inclusion of Neurodiversity in Schools (PINS) programme, which involves input into the whole school and advice for school staff to improve understanding of neurodiversity. This builds on the previous Autism in Schools programme. PINS has run in 40 integrated care board (ICB) areas and an interim report of the independent evaluation of the programme has now been published.

In the Best Start in Life strategy we committed that each Best Start Family Hub will:

- have a children and family services practitioner to support children and families with additional needs to identify and support children who may need extra help early on
- make links with local early years settings and health services
- assist parents in navigating a complex landscape of services

To support education staff, we are ensuring that core training throughout a teacher's career has a strong focus on high-quality adaptive teaching, formative assessment and high expectations for all. This includes the initial teacher training and early career framework (ITTECF). The new ITTECF, which came into effect in September 2025, now features significantly more content on adaptive teaching and SEND, which supports the effective teaching of pupils with autism. A full review is planned for 2027. Alongside this, the Universal Services programme provides continuing professional development to help the school and further education workforce to identify and meet the needs of children and young people with SEND earlier and more effectively. DfE will set out further information within the schools white paper.

The government is also committed to raising awareness of all forms of neurodiversity, including autism, in the workplace. To help support this commitment, the Department for Work and Pensions (DWP) launched an independent panel of academics with expertise and experiences of neurodiversity in January 2025 to advise on boosting neurodiversity awareness and inclusion at work. The panel included an autism specialist. The panel considered the reasons why neurodivergent people have poor experiences in the workplace, and a low overall employment rate. For further information, see chapter 7.

DWP recognises the importance of neurodivergence awareness training to enable frontline staff to best meet the needs of all our customers. This aligns with their commitment to delivering high quality, personalised employment support as part of the future jobs and careers service. We are currently in the early stages of scoping options to include this in a future training curriculum.

Beyond the jobs and careers service, there is already work underway in partnership with Coventry University, external charities and DWP's clinical team to implement new 'supporting customer needs' learning, which includes a specific module on understanding

customers who notify neurodivergence. The learning will be mandatory for new entrants and will also be included as mandatory refresher learning for existing staff. Testing of this product within 'fit for live' has been completed and received outstanding positive feedback. This module is highly practical, focusing on what colleagues can do, how to do it and why it matters.

### **Accessibility of NHS services, homes and public spaces**

It is important that autistic people are able to access services in the community like everybody else. Some autistic people will require reasonable adjustments to ensure that services are appropriate to their needs and autistic people should have access to quality services like everyone else.

In terms of work that is already underway, NHS England is supporting the NHS to be more autism-informed and autism-friendly through a range of national initiatives and guidance including:

- trialling an autism-specific health check
- roll out of the Reasonable Adjustment Digital Flag
- investment in sensory environments in clinical settings

[National operational guidance for autism assessment services](#), published by NHS England in April 2023, sets out the expectation that primary and secondary mental health and psychological therapies services should make reasonable adjustments to routine care to ensure equitable access for autistic people.

NHS England has also developed and is rolling out a [Reasonable Adjustment Digital Flag](#) which enables the recording of important information about a patient who requires reasonable adjustments, including whether a person is autistic, and their specific needs, to ensure that health and care support can be tailored appropriately. Elearning for the Reasonable Adjustment Digital Flag helps staff understand reasonable adjustments. [Health and care passports](#) can be used to record preferences, needs and reasonable adjustments. These should be co-produced with the autistic person and their family and carers to ensure a passport accurately reflects their needs.

To ensure that services are accessible to autistic people, it is also important that the environment itself is accessible. That is why, in 2023, NHS England published a [sensory-friendly resource pack](#). This sets out 10 key principles adopted from a report by the National Development Team for Inclusion (NDTi), '[It's not rocket science](#)'. These principles aim to support providers of services to make their environment more sensory friendly for autistic people. This resource is currently being updated.

We agree that the design and accessibility of buildings is important to ensure that autistic people's accessibility needs are being met. The National Design Guide and the National Model Design Code explain how local councils, in consultation with local communities, can achieve well-designed places in practice. For example, it emphasises the importance of well-designed homes and buildings being inclusive and accessible for all users.

The government has published draft guidance on design and placemaking planning practice, which includes an update to guidance on designing homes and public spaces for people with different needs, including neurodivergent people. We are engaging with neurodivergent people as part of our inclusivity sounding board. The consultation seeking views on the usability of the draft guidance closes on 10 March 2026.

## **4. Identification, assessment and support**

### **Recommendations**

The government must immediately:

- invest in driving down autism assessment waiting times, while also building up capacity to provide high-quality support both before and after diagnosis
- set up a commissioning framework to develop, test and scale up stepped, evidence-based identification, assessment and support pathways for autistic children and adults

In close partnership with autistic people and those who support them, the government must establish the evidence and build a consensus on:

- the reasons why people seek autism assessment
- the kinds of support that should be offered on the basis of need with and without an autism diagnosis, in healthcare and beyond
- how to shift away from a binary model of autism assessment towards a model of stepped identification of strengths and needs at clinical and sub-clinical levels
- how to ensure autism assessment services are not siloed, so that there is a 'single front door' for the assessment of autism and of associated neurodevelopmental and mental health conditions
- how to move towards a model of lifelong, stepped support for people across all services
- how to enable specialist autism assessment services to help build capability across mainstream services

- how to set training and quality assurance standards for autism assessment

The government should use its findings as the basis of a new commissioning framework, workforce plan and funding settlement for autism assessment.

These recommendations are from paragraphs 292 to 294 of the report.

## **Government response**

Lord Darzi's independent investigation of the NHS in England found that, nationally, demand for assessments for autism has grown significantly in recent years and that people are experiencing severe delays in accessing such assessments.

We recognise that autistic people, and people with other neurodevelopmental conditions, are struggling to access early, effective support. We are determined to ensure that autistic people get the right support, at the right time. An important part of this is government having a better understanding of the rising demand for both assessment and support.

This is why, on 4 December 2025, the Secretary of State for Health and Social Care launched an independent review into mental health conditions, ADHD and autism. The review will look to understand the similarities and differences between mental health conditions, ADHD and autism, regarding prevalence, prevention and treatment. This will include exploring the evidence around clinical practice, the risks and benefits of medicalisation, and evidence on the role and value of diagnosis to individuals, their families and carers.

The review will also seek to identify approaches to provide different models of support and pathways within and beyond the NHS that promote prevention and early intervention, supplementing clinical support, so that people receive the right support at the right time, in the right place.

The rest of this chapter will set out relevant work already underway on support on the basis of need, early identification, join up of services and building workforce capability.

### **Shift to support on the basis of need and early identification**

In our 10 Year Health Plan, we set out the core principles of early intervention and support, including without the need for diagnosis, to identify needs and prevent them from escalating where possible. As part of this, DHSC is working with DfE to reform the special educational needs and disabilities (SEND) system. As set out in chapter 6, the government is committed to improving the identification of needs, and support, for all children and young people with special educational needs and disabilities, whenever those needs may emerge, and will be setting out our plans to reform the system in the schools white paper.

NHS England is currently working with systems, partners and stakeholders to identify and review examples of evidence-based good practice in supporting autistic people, across the lifespan, to share with systems. This includes support which can be made available without diagnosis or while waiting for assessment, to provide autistic people with access to appropriate safe and effective support throughout their lives.

### **Joined-up services**

The committee highlighted that effective care for autistic people is affected by the extent of co-ordination across the whole system, involving many different sectors and organisations.

Many NHS services still operate as single condition services (for example, autism or ADHD services). NHS England continues to identify and engage with local systems that are developing and implementing integrated pathways and services, with 'single front door' access, including those demonstrating integration beyond health, to identify opportunities for safe and effective transformation of services.

Over time, through local commissioning, the government will ensure that neighbourhood health services work in partnership with family hubs, schools, nurseries and colleges to offer timely and joined-up support to children, young people and their families, including those with SEND.

### **Building capability**

We know that for services to work effectively they need sufficient workforce with the right level of expertise and an appropriate distribution of tasks between different professionals.

This government is committed to publishing a 10 Year Workforce Plan to set out action to create a workforce ready to deliver the transformed service set out in the 10 Year Health Plan. The 10 Year Workforce Plan will ensure the NHS has the right people in the right places with the right skills to assess and care for patients when they need it. We are working through how the plan will articulate the changes for different professional groups. We are committed to working with partners to ensure the plan meets its aims and will engage independent experts to make sure the plan is ambitious, forward looking and evidence based.

## **5. Reducing health inequalities and building support in the community**

### **Recommendations**

In the new autism strategy and statutory guidance, the government should identify priority health outcomes for autistic people and actions to improve them. Local authorities and NHS bodies should be required to report on progress towards these outcomes.

The government must ensure that the requirement for all staff at registered health and care providers to undertake mandatory training on autism and learning disability is implemented in full.

Subject to the forthcoming evaluation of The Oliver McGowan Mandatory Training on Learning Disability and Autism, the government must ensure that all health and care staff who may be required to provide a service to an autistic person or a person with a learning disability have completed tier 2 of that training at a minimum.

The government should roll out health checks for autistic people across the NHS. The government should immediately reinstate the target to increase uptake of health checks for people with a learning disability in NHS planning guidance. It should do the same for health checks for autistic people as they are rolled out.

Using the priority health outcomes for autistic people as a basis, the government must develop a plan to reduce health inequalities for autistic people. This must set out how the government will:

- build up capability to support autistic people in the health and care workforce, including enabling specialist services to advise and support mainstream services
- develop, test and scale up effective models for meeting the needs of autistic people across general and mental health services

This recommendation is from paragraphs 342 to 346 of the report.

The government should develop a national framework for the integration of healthcare and community support for autistic people to prevent care needs from developing and escalating, underpinned by a plan to develop capability in the health and care workforce.

This recommendation is from paragraph 388 of the report.

The government must set a clear timeline and roadmap for strong community services to be put in place, so that provisions in the Mental Health Bill to prevent the unnecessary detention of autistic people and people with a learning disability can be commenced.

This recommendation is from paragraph 390 of the report.

In new statutory guidance to the Autism Act, the government must make clear how it will ensure autistic people, their families and carers are able to raise and escalate concerns about risks of failures to keep people safe and how services will be held to account for such failures.

The government must make it mandatory for ICBs to complete LeDeR reviews into the lives and deaths of autistic people and people with a learning disability. The government must also set up an independent mechanism to oversee the implementation of recommendations made in LeDeR reviews.

This recommendation is from paragraphs 392 to 393 of the report.

## **Government response**

We know that autistic people tend to have poorer health outcomes across a range of measures than the general population. The 10 Year Health Plan set out to tackle health inequalities, and people with disabilities are a priority for care from a neighbourhood team with more holistic, ongoing support.

As part of the work on the future strategy, we will consider potential priorities for improving health outcomes for autistic people, based on data and evidence, and work with stakeholders and people with lived experience.

Below we set out relevant work underway aimed at tackling health inequalities for autistic people including:

- annual health checks for autistic people
- staff training
- LeDeR reviews and accountability
- better health integration and community support

### **Health checks**

In 2018, Autistica awarded funding to Newcastle University to fund a research programme focusing on health checks for autistic people. In 2019 to 2020, NHS England and Autistica provided further funding to Newcastle University to conduct a randomised controlled trial into a co-designed health check for autistic people for use in primary care. The health check was found to be clinically effective.

Following on from this, NHS England conducted an initial pilot of these health checks in primary care. NHS England is now testing a combined health check protocol, combining health checks for autistic people with existing health checks for people with a learning disability and people with severe mental illness. This project is ongoing and feedback from the pilots has been positive so far. We will wait for the completion of the pilot studies before making any decisions on roll outs of annual health checks. We will look at all available evidence when producing the next autism strategy.

## **Staff training requirements**

The statutory requirement in the Health and Social Care Act 2008 on learning disability and autism training (introduced by the Health and Care Act 2022), builds on existing requirements that registered providers ensure staff receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. CQC, as the independent regulator of health and social care in England, is already regulating providers on the basis of the new requirement and, in July 2022, updated statutory guidance for providers on complying with Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As mentioned in chapter 3, The Oliver McGowan Mandatory Training on Learning Disability and Autism is the preferred and recommended training package by NHS England and DHSC to meet the new requirement. Oliver's Training already meets all tier 1 core capabilities and some of tier 2. For any additional training for tier 2 or 3 capabilities, beyond those outlined within the code of practice, the registered provider must procure further training to fulfil this.

CQC will take The Oliver McGowan Mandatory Training on Learning Disability and Autism Code of Practice into account as part of their assessments. CQC-registered providers need to be prepared to demonstrate to CQC how their chosen training approach meets the requirements of the regulation and supports staff to competently deliver services that meet people's specific needs.

The University of Leicester has been commissioned to undertake a long-term evaluation of the roll out of Oliver's Training across health and care services between 2024 and 2027. People with a learning disability, autistic people and their carers will be actively involved at all stages of the research. The study consists of 2 parts. The first is a process evaluation looking at delivery of training to the health and adult social care sectors. The second part is an impact evaluation which will assess any changes in attitude, knowledge, skills and behaviour, as well as changes in organisational practices and patient outcomes.

## **Accountability and learning from lives and deaths - people with a learning disability and autistic people (LeDeR reviews)**

The autism strategy and statutory guidance set out the government's expectation that local areas continue to develop services and support to meet the needs of their local population. Consistent with our 10 Year Health Plan, we want to ensure that local areas have appropriate freedoms and flexibilities in how to do this. We will consider the committee's recommendations in more detail, including recommendations on strengthening accountability, as the autism strategy is developed.

The committee makes specific recommendations with regard to LeDeR, where annual reports continue to highlight unacceptable health inequalities and premature mortality faced by people with a learning disability and autistic people. The government remains committed to reviewing every death of a person with a learning disability or an autistic person that is notified to LeDeR and ensuring that learning from these reviews is shared.

Anyone can notify a death of a person with a learning disability or an autistic person through the LeDeR website. This includes health and care staff, administrative staff, family members, work colleagues and others who knew the person. There are clear expectations of health and care providers to report deaths, and mechanisms in place to ensure action is taken following reviews.

ICBs are held accountable for reducing health inequalities for people with a learning disability through existing national and local governance processes such as the NHS Operating Framework, annual assessments of delivery and core performance indicators, including on LeDeR, to support improvement activities across all ICBs. ICBs are expected to have an executive lead on LeDeR, prioritise LeDeR within their delivery plans and issue an annual report into local findings and actions. NHS England's national LeDeR policy sets out a clear governance framework and expectations for ICBs to ensure actions are implemented in response to LeDeR reviews to improve services and reduce premature mortality.

This approach aligns with the ambition of the 10 Year Health Plan: to progress towards a new NHS operating model which works to distribute power to local systems and drive more holistic ongoing support through neighbourhood services. NHS England sent a model region blueprint to chairs and chief executives of all provider trusts and ICBs in September 2025, setting out how a redesigned NHS operating model will shift power closer to patients, places and providers.

### **Better healthcare integration and community support**

We know that community support can help prevent the escalation of need for autistic people. The Mental Health Act 2025 received Royal Assent on 18 December 2025. Measures in the new act seek to ensure that people get the support they need in the community, improving care and keeping people out of hospitals.

The Mental Health Act (2025) introduces statutory dynamic support registers (DSRs) to support people with a learning disability and autistic people who are at risk of being detained under the Mental Health Act 1983.

As set out in the current NHS England policy and guidance, DSRs are locally held registers of people with a learning disability and autistic people in the community who are at risk of admission to a mental health hospital. They aim to mobilise multi-agency support

(including health, social care and education) to prevent future admission to a mental health hospital.

During passage of the Mental Health Bill, ministers committed to lay before Parliament an annual written ministerial statement on implementation post Royal Assent, including on the learning disability and autism elements, until such a time that the act is fully implemented. This annual update will include details of the work done over the preceding 12 months to implement the legislation and plans for how we will implement the next phases going forward.

In the longer term, the creation of a national care service, informed by Baroness Louise Casey's independent commission into adult social care, will support better integration of health and care services.

## **6. Access to education and transitions to adulthood**

### **Recommendations**

In the new autism strategy, the government should set priority outcomes for better access to education for autistic children and young people and report regularly on progress towards those outcomes.

To help achieve those outcomes, the government should develop, test and scale up approaches to building capability to support autistic children and young people across all types of educational setting, including by enabling high-performing specialist schools to act as centres of excellence.

This recommendation is from paragraphs 443 and 444 of the report.

In the new autism strategy, the government must set priority outcomes for better transitions to adulthood for young people and benchmarks by which progress will be measured. The government must set clear lines of responsibility and ministerial accountability for progress.

The government must produce a commissioning framework for local authorities and NHS bodies to provide integrated, evidence-based services for young autistic people during the transition to adulthood, including support with education, mental health, housing and employment.

This recommendation is from paragraphs 454 and 455 of the report.

## **Government response**

Every child in our country deserves the best possible educational experience. One that is academically stretching, where every child feels like they belong, and that sets them up for life and work in adulthood.

This chapter will cover SEND reforms and supporting transitions into employment.

### **SEND reforms and the schools white paper**

As part of our Plan for Change, we are determined to fix the SEND system and restore the trust of parents. We are committed to improving inclusivity and expertise in mainstream settings, ensuring teachers have the tools to better identify and support all children before unmet needs escalate, as well as ensuring specialist SEND and alternative provision schools cater to those with the most complex needs. We will work in partnership with mainstream and specialist schools to respond to these recommendations.

We will set out our plans for SEND reform in the schools white paper this year, building on the work we've already done to create a system that's rooted in inclusion, where children receive high-quality support early on and can thrive at their local school. The work of the select committee will help to inform this work.

The SEND reforms will be underpinned by 5 principles. These principles are the basis of our current co-creating exercise, which is seeking the views of young people, their families, educators and wider experts to help shape our SEND reforms:

1. **early:** children should receive the support they need as soon as possible. This will start to break the cycle of needs going unmet and getting worse, instead intervening upstream, earlier in children's lives when this can have most impact
2. **local:** children and young people with SEND should be able to learn at a school close to their home, alongside their peers, rather than travelling long distances from their family and community. Special schools should continue to play a vital role in supporting those with the most complex needs
3. **fair:** every school should be resourced and able to meet common and predictable needs, including as they change over time, without parents having to fight to get support for their children. Where specialist provision is needed for children in mainstream, special or alternative provision, we will ensure it is there, with clear legal requirements and safeguards for children and parents
4. **effective:** reforms should be grounded in evidence, ensuring all education settings know where to go to find effective practice that has excellent long-term outcomes for children

5. shared: education, health and care services should work in partnership with one another, local government, families, teachers, experts and representative bodies to deliver better experiences and outcomes for all our children

To support the development of the reforms, we are drawing on insights from experts, including the DfE Expert Advisory Group for Inclusion and the Neurodivergence Task and Finish Group. We are also learning from best practice, including, for example, the recently published [interim evaluation of the Partnerships for Inclusion of Neurodiversity in Schools \(PINS\) programme](#). We have also tested policy options with parents, educators, experts and representative organisations through a series of engagement events as part of the 'national conversation' on SEND.

### **Supporting transitions into employment**

DWP currently provides young people aged 16 to 24 with labour market support through an extensive range of interventions at a national and local level.

Youth employability coaches provide tailored support for 16 to 24 year olds on Universal Credit with complex barriers. They work in close partnership with disability employment advisers to support those with disabilities or health conditions, as well as collaborating with specialist partner organisations who can provide additional advice.

Youth Hubs provide targeted employment and skills support to young people not in education, employment or training (NEET), delivered in accessible community settings such as sports clubs and community centres. They are run in partnership with job centres, local authorities, employers and voluntary sector organisations, ensuring a joined-up approach tailored to local needs.

Each hub offers skills, training and employment-focused support. We are investing to increase the number of Youth Hubs to over 360, putting a Youth Hub in every local area. While employment and skills support will remain central, the expansion will introduce a core minimum blueprint for all Youth Hubs, designed to connect young people to a wider range of services such as health, housing and wellbeing support, tailored to local needs and partnerships.

Building on this, DWP is now going further through an expansion of the Youth Guarantee. The expansion is backed by a £820 million investment over the Spending Review period to reach almost 900,000 young people, including by expanding Youth Hubs to every area in Great Britain and a new Youth Guarantee Gateway. The gateway offers a dedicated session and follow-up support to 16 to 24 year olds on Universal Credit. This investment will also create around 300,000 more opportunities to gain workplace experience and training and provide guaranteed jobs to 55,000 young people aged 18 to 21.

Taken together, these measures show the government's commitment to backing young people, transforming lives, driving the economy and ensuring background is no barrier to success. Delivered in partnership with local government and devolved administrations, they will ensure no young person falls through the cracks.

DWP is considering how we might go even further. The Right Honourable Alan Milburn will lead on an investigation on the rise in youth inactivity with a particular focus on the impact of mental health conditions and disability. Reporting in summer 2026, the report will seek to:

- understand the drivers of the increase in the number of young people who are not in education, employment or training (NEET) and claiming health and disability benefits, including childhood experience
- investigate the root causes of this rise in economic inactivity among disabled young people and those with health conditions
- make recommendations for policy responses aimed at increasing opportunities for young people

## **7. Employment**

### **Recommendations**

In the new autism strategy, the government should make a significant increase in the employment rate for autistic people a priority outcome and should report regularly on progress towards this goal. To achieve this, the government should fund the expansion of evidence-based initiatives to support people to find and stay in work, including through supported internships and supported employment.

In updated statutory guidance to the Autism Act, the government should require that local authorities and NHS bodies work with the Department for Work and Pensions and employers to support autistic people to move into work and to collect evidence and data on progress against this goal.

This recommendation is from paragraphs 496 and 497 of the report.

The government should develop and publish standards on what employers should do in practice to enable autistic applicants and employees to access their legal rights to reasonable adjustments, drawing on evidence and experience from employers and employees.

The government should run a campaign to promote evidence-based voluntary peer-to-peer learning and accreditation schemes for employers, such as the Autistica Neurodiversity Employers Index.

The government should develop, test and scale up financial incentives for employers to support more autistic and disabled people to find and stay in work, for example through taking into account the percentage of an organisation's workforce that is disabled in the awarding of public contracts, or through the use of tax incentives and/or national insurance relief.

The government should reform the Disability Confident scheme so that certification at Levels 2 and 3 is based on objective criteria, including the percentage of the workforce that is disabled.

This recommendation is from paragraphs 528 to 531 of the report.

## **Government response**

Disabled people and people with health conditions are a diverse group so access to the right work and health support, in the right place, at the right time, is vital. This will include autistic people who face barriers to work. We therefore have a range of specialist initiatives to support individuals to stay in work and get back into work, including those that join up employment and health systems.

This chapter will cover:

- supporting autistic people into work
- use and collection of data and evidence
- the role of employers, financial incentives and the Disability Confident scheme, including through peer-to-peer campaigns

### **Supporting autistic people into work**

Employment rates for autistic people are some of the lowest rates among all disabled people. The latest statistics tell us that disabled people who report autism as a main or secondary health condition had an employment rate of 34.0% compared to 55.3% for all disabled people. We also note, in considering our approaches to support, that many autistic people have co-occurring conditions, for example, it is estimated that 40% of autistic people have ADHD.

The government is committed to taking action to address the disability employment gap. We have published a set of indicators that we will monitor closely as we carry out this

work. These indicators, which build on aims set out in the Prime Minister's Plan for Change and published in the Get Britain Working White Paper, include the health-related economic inactivity rate and the disability employment gap. While there are no current plans to include a more specific metric for autistic people alone, DWP does monitor employment outcomes for disabled people with autism through the publication of annual official statistics on disability employment.

Support for disabled people and people with a long-term health condition, including autistic people, includes Connect to Work: our £1 billion Supported Employment programme which has a specialist pathway for neurodivergent people. For these individuals, the programme follows the Supported Employment Quality Framework, which is backed by an international evidence base and has been proven to support neurodivergent people into sustainable employment.

DWP will be collecting Connect to Work management data, which is expected to be released as official statistics at an appropriate point. It is also conducting a national evaluation which will be published as a government social research report.

Alongside this, the Joint DWP and DHSC Work and Health Directorate (JWHD) is delivering an ambitious programme to support individuals, to bring together the welfare and health systems and to support employers to play their role. This includes funding WorkWell, which provides low intensity holistic support for those with health-related barriers to employment, and a single joined-up gateway to existing local work and health service provision. It also includes the Employment Advice in Talking Therapies programme which combines the expertise of therapists and employment advisers to give those with mental health conditions the support they need to find work tailored to them.

On supported internships, since September 2013, DWP's core Access to Work scheme has provided funding for the in-work support needs of young disabled people participating in a DfE supported internship or the Scottish and Welsh equivalent programs. DWP will be looking at all parts of the Access to Work scheme following the consultation, including supported internships.

Through our dedicated employment service, disability employment advisers provide Jobcentre Plus work coaches with specialist support on how to tailor their help for disabled customers and those with long-term health conditions to move closer or into the labour market. As announced in our Pathways to Work green paper, we are building towards a guaranteed offer of personalised work, health and skills support for all disabled people and those with health conditions on out of work benefits.

We agree that there are benefits in better data sharing to support ambitions to address the disability employment gap. DWP collects detailed data on individuals who participate in employment support programmes, and we are also considering how we can better collect

data on the wider population of autistic people from local government and NHS bodies. There are broader challenges associated with sharing data and in overcoming the associated technical, legal and cultural barriers, especially in relation to health data, but this is something we would strongly support.

### **Support for employers including through guidance standards**

We recognise the vital role that employers play in supporting disabled people and people with long-term health conditions, including autistic people, to create inclusive workplaces. DWP's existing online service, Support with Employee Health and Disability, equips employers to have effective conversations with their employees about health and disability, so that they understand their situation and needs.

In January 2025, DWP launched an independent panel of academics with expertise and experiences of neurodiversity to advise government and employers on what more they could do to boost neurodiversity awareness and inclusion at work. The panel's work builds on the work of the independent Buckland Review which reported to the previous government in February 2024, and which focused more narrowly on employment of autistic people. We have received the findings and recommendations from the panel and will respond in due course.

In the meantime, to help raise awareness of the challenges neurodivergent people can face in the workplace, DWP is funding a series of masterclasses for small and medium sized employers to attend free of charge. The masterclasses will be designed by the Advisory, Conciliation and Arbitration Service (Acas) and will be delivered early this year.

Sir Charlie Mayfield's independent Keep Britain Working Review report, published on 5 November 2025, recommended important areas of reform to address the scale of the problem of people falling out of work into health-related economic activity. The report recommends developing a healthy working lifecycle of best practice accompanied by a certified standard. While a standard may not explore condition-specific recommendations, it is likely to look at areas that will be relevant for autism, including best practice for early conversations between employers and employees about specific needs and supporting all parties to navigate making the best adjustments where reasonable.

### **Financial incentives**

While not the main focus of the Keep Britain Working Review, it did explore whether financial incentives could support inclusive hiring practice in the UK.

Sir Charlie recognised there is potentially a case for financial incentives to support employers and encourage best practice around work and health. However, Sir Charlie also recognised that we require more relevant, robust evidence than currently available to determine the effectiveness of any financial incentives. The Vanguard Phase has been

launched to test new employer-led approaches to support individuals to stay in work. This will look to build the evidence base for best practice; aiming to reshape how health issues and disabilities are managed in the workplace.

### **Disability Confident scheme**

We recognise there is more to do to improve the Disability Confident scheme and DWP is working with stakeholders - including disabled people, employers, the devolved governments, local authorities, disability organisations and sector experts - to strengthen the Disability Confident scheme and ensure it delivers better employment outcomes for disabled people.

Following the announcement on 15 January 2026 setting out plans to reform and strengthen the Disability Confident scheme, ongoing work will focus on making the scheme more robust, credible and impactful. This includes developing clearer and more consistent standards, strengthening validation processes and improving transparency and accountability across all levels of the scheme. DWP is also exploring practical ways to support small and medium sized enterprises to meet renewed expectations within the scheme. The aim is to ensure Disability Confident becomes a genuine mark of inclusion, helping employers recruit, retain and develop disabled staff.

While we recognise interest in introducing more objective criteria at higher levels of the scheme, setting a fixed percentage of disabled employees as a requirement may not, on its own, guarantee meaningful employment experiences or improved workplace culture. Encouraging employers to understand disability representation in their workforce remains important, but any approach must recognise that disclosure of disability status is voluntary and that monitoring can present challenges, particularly for smaller employers.

Disability Confident reform proposals emphasise peer mentoring and sector-wide influence as features of the scheme, particularly at higher levels. This includes encouraging employers to share best practice and learn from each other.

The Disability Unit recently ran a public consultation on proposals for disability pay gap reporting. Once the outcome of this consultation is known, DWP will consider any changes needed to the framework underpinning the Disability Confident scheme as part of our wider reform plans.

## **8. Criminal justice**

### **Recommendation**

The July 2021 'Neurodiversity in the Criminal Justice System: a review of evidence' report made 6 core recommendations:

- a co-ordinated and cross-government national strategy
- a common screening tool to help more accurately determine the prevalence of neurodivergence in the criminal justice system
- systematic collection and analysis of data to help more accurately determine the prevalence of neurodivergence in the criminal justice system
- a programme of awareness-raising and specialist training for staff in the criminal justice system
- adjustments throughout the criminal justice system for those with neurodivergent conditions
- a co-ordinated means for all criminal justice system agencies to work together and with other statutory and third sector organisations to understand and meet the needs of neurodivergent individuals in the community, preventing offending and supporting rehabilitation.

We endorse these recommendations. The government must publish a full account of progress in each part of the criminal justice system towards meeting these objectives, and how it will seek to address them in the context of the next autism strategy.

In particular, we call on the government, working with all parts of the criminal justice system, the NHS and local authorities, to develop an evidence base on, test and roll out effective ways to identify and support autistic people. This should address support for victims, witnesses, suspects, defendants or those convicted of a crime. It should also focus on:

- preventing people entering the criminal justice system
- screening, support and adjustments
- tailored rehabilitation
- training for frontline staff

This recommendation is from paragraphs 610 to 612 of the report.

## **Government response**

We recognise the main issues highlighted in regards to autistic people and the criminal justice system. This chapter will cover identification, support and staff training.

Supporting individuals with neurodiverse needs in the criminal justice system requires a system-wide response and the Ministry of Justice (MoJ) is committed to continuing to work in partnership with DHSC and NHS England; to address how autistic people are supported in the criminal justice system, including on the development of the next autism strategy.

In response to the joint inspectorates' 2021 independent review 'Neurodiversity in the criminal justice system: a review of evidence', a cross-government action plan was developed and published in June 2022. As part of the action plan, MoJ published 6 and 12 month updates in January and September 2023, with the final update to be published shortly.

### **Identification, support and staff training**

To support people with neurodiverse needs in the courts system, HM Courts and Tribunal Service (HMCTS) has developed and approved a signposting strategy, which sets out how HMCTS will connect users with additional needs to external support providers.

Mandatory reasonable adjustment learning and guidance and broader disability guidance is provided to HMCTS staff. All guidance raises awareness of the issues disabled court and tribunal users might face, and the reasonable adjustments which may help them to access our services.

HMCTS regularly issues accessibility and inclusion nudges on a range of different subjects including autism. The nudges are designed to support local discussions to raise awareness of accessibility issues for our court and tribunal users.

In prisons, MoJ and HM Prison and Probation Service (HMPPS) take a needs-led approach to supporting those with neurodiverse needs in the criminal justice system. To address the inspectorates' recommendations, MoJ has developed a series of initiatives that seek to improve outcomes. This includes the introduction of neurodiversity support managers (NSMs) in every public prison that provide staff with training, guidance and resources to facilitate reasonable adjustments where required. A centrally based neurodiversity team support NSMs by developing resources, promoting networking and sharing good practice, and providing specialist advice and support.

HMPPS are also improving screening practices through the introduction of a new additional learning needs tool, as part of the new Prisoner Education Service (PES). This tool identifies individual strengths, and any additional learning needs they may have, including autism, as well as what adjustments might help support them.

Over the next 12 months, HMPPS will be continuing to enhance functionality and embed the use of this new digital service. The ALN tool enables important information on prisoner

needs, including screener results and required adjustments, to be recorded and shared across the prison estate.

HMPPS continues to work to improve data collection and information sharing. This includes the integration of screening results and any information relating to additional need into digital learning and work plans, which supports prisoners' education, skills and work progress through custody.

Recognising that diagnosis and treatment is a clinical lead, the NHS recognises the issue of unequal access to autism diagnostic assessments for some of those in prison, and the NHS is working at pace to resolve this. Diagnostic assessments are not commissioned as part of the prison healthcare offer and more work is needed to agree and secure local arrangements for referrals pathways for those in need of assessments.

From 2023 to 2024, the 7 NHS Health and Justice regions have been given an additional £7 million (spread across the regions) each year to improve their custodial (prison healthcare) neurodiversity or mental health pathways. Most regions have opted to use this funding in a variety of ways to support people with neurodivergent needs, including autism.

The NHS Health and Justice team have produced bespoke guidance on learning disability, autism and neurodiversity for most of the services commissioned. Regions and local services have developed their own pathways and quality assurance based on these and local provision. RECONNECT is a service that supports people to have continuity of care after prison.

The NHS has worked to ensure that the various IT platforms and data collected by services better capture the different neurodivergent and/or neurodevelopmental conditions, including autism and suspected autism.

Staff working within Health and Justice, Children and Young People secure services and Liaison and Diversion services were also given the opportunity to undertake the Anna Freud train the trainer autism training initiative.

More recently, in November 2025, the Chief Medical Officer published a report into the health of people in prison, on probation and in the secure NHS estate in England. The report highlights a range of best practice across the criminal justice system and the government is carefully considering its findings.

## **Conclusion**

We would like to thank again the committee for all their work in developing and creating their report 'Time to deliver: The Autism Act 2009 and the new autism strategy' and the

recommendations they have set out. We will consider their recommendations further during the development of the next strategy.

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