

IN THE HIGH COURT OF JUSTICE

KING'S BENCH DIVISION – ADMINISTRATIVE COURT

Claim No: AC-2025-LON-004293

BETWEEN:

NADIA ZAHMOUL

Claimant

– and –

SECRETARY OF STATE FOR JUSTICE & HMCTS

Defendants

CLAIMANT'S WRITTEN GROUNDS AND SUBMISSION

Request for Urgent Reconsideration of Order dated 4 December 2025

and Listing of an Oral, In-Person Permission Hearing

1. INTRODUCTION

1.1 This submission is filed by the Claimant, a disabled and unrepresented litigant in person, seeking urgent reconsideration of the Order of **4 December 2025**, which refused urgent consideration of her application for judicial review.

1.2 The Claimant respectfully submits that the Order proceeds on three flawed premises:

- (1) that “much of [the claim] relates to matters that occurred many months ago”;
- (2) that “it is not possible to discern any immediate urgency”; and
- (3) that the application is “extremely difficult to follow”.

1.3 This statement is structured to address these three points directly and explicitly, while also setting out the underlying grounds of challenge in a standard public law format. The Claimant’s case is that:

- (a) the failures complained of are continuous omissions, not historic events;
- (b) there is immediate urgency arising from escalating safeguarding risks and ongoing exclusion from effective participation; and
- (c) once the issues are organised, the claim is straightforward: it concerns ongoing failures to provide lawful participation measures for an autistic and PTSD-vulnerable court user, and ongoing failures to respond to equality and safeguarding concerns that have been repeatedly drawn to the attention of **HMCTS and the Ministry of Justice (“MoJ”)**.

1.4 The Claimant seeks: (i) reconsideration of the refusal of urgency; and (ii) listing of a short urgent oral, **public**, in-person permission hearing (approx. 1–1.5 hours), with appropriate participation directions.

2. TRANSPARENCY AND SAFEGUARDING CONTEXT

2.1 The Claimant is **autistic, has PTSD, multiple physical health conditions**, and has been medically fragile throughout 2024–2025, including three hospitalisations in **March, June and November 2025**, with community crisis team involvement and A&E attendances. She is unrepresented and largely without practical support.

2.2 To ensure continuity and safeguard the integrity of the record given her fluctuating cognitive and medical state, the Claimant has established a public, time-stamped

document repository containing only lawfully publishable official materials relating to these proceedings and the underlying complaints. The repository is accessible at:

<https://github.com/nadiazahmou/Zahmoul-v-SSJ-HMCTS-JR-Archive>

2.3 The purpose of this archive is:

- (a) to ensure that key documents (sealed claim, orders, PAP letters, medical evidence, safeguarding reports) are not lost, overlooked or misunderstood;
- (b) to provide a single, coherent record of the Claimant's attempts to raise equality and safeguarding issues with **HMCTS and MoJ**;
- (c) to allow any court seized of related matters to understand quickly the procedural and equality context; and
- (d) to reduce the administrative and cognitive burden on a disabled litigant who struggles with disorganised, piecemeal communication.

2.4 The existence of this archive does not alter the Court's legal duties, but is relevant to the practical management of the case: it evidences repeated notification, non-engagement, and the ongoing nature of the failures.

3. FACTUAL BACKGROUND

3.1 The underlying family proceedings (BV20D01752) were conducted in early 2024. The Claimant is an **autistic and PTSD**-vulnerable party. During the trial in **February 2024**, the Court recognised her vulnerability and ordered participation measures, including regulated questioning, adjusted courtroom environment, assistance when giving evidence, and frequent breaks. The trial transcript records repeated references to **PTSD and autism**.

3.2 Immediately after the trial, those participation measures disappeared. There was:

- (a) no order revoking them;
- (b) no reassessment under FPR Part 3A;
- (c) no equality analysis; and
- (d) no recorded decision explaining why measures had ceased.

3.3 The Claimant's case is that from that point onwards, the court system – as administered by **HMCTS** and overseen by **MoJ** – failed to identify, record, maintain or reinstate appropriate participation measures for a disabled court user, despite repeated notifications and escalating safeguarding concerns.

3.4 In the subsequent months, the Claimant:

- (a) attempted to appeal the substantive outcome to the Court of Appeal;
- (b) repeatedly raised participation, equality and safeguarding issues in correspondence;
- (c) experienced progressive medical and psychiatric deterioration; and
- (d) encountered administrative silence or non-engagement in response to multiple PAP and escalation letters.

3.5 The present judicial review was issued on **25 November 2025**. It challenges ongoing administrative and equality failures by **HMCTS and MoJ** (not the judicial reasoning of the family or appellate courts), with particular emphasis on:

- (i) the failure to maintain and review participation measures after they were initially granted;
- (ii) the failure to engage with explicit autism, PTSD and safeguarding disclosures; and
- (iii) the failure to record and act upon material equality and safeguarding risks for a disabled court user.

4. CHRONOLOGY (ADMINISTRATIVE AND EQUALITY FAILURES)

4.1 For clarity, the Claimant sets out a brief chronology focused on the administrative and equality omissions which are central to this claim.

4.2 **February 2024** – Trial with participation measures

Participation measures are ordered and implemented at trial in BV20D01752, recognising the Claimant's PTSD and autism-related difficulties. (**Exhibit E31** – trial measures evidence.)

4.3 **Late February 2024** – Measures withdrawn without order

Immediately post-trial, the measures cease without any order, review, or recorded decision. HMCTS later confirms that no order records their revocation. (**Exhibit E32.**)

4.4 **April–May 2024** – Judgment and costs order without disability analysis

The judgment of **18 April 2024**, and the costs order of **24 May 2024**, make no reference to the Claimant's disability or vulnerability. Disability-related behaviour is instead characterised as “disruptive” or extreme litigation misconduct. (**Exhibits E33–E34.**)

4.5 **2 May 2024** – Repeated urgent pleas for help to the Court

On **2 May 2024** the Claimant sends multiple emails to the Court and to representatives, stating that she is extremely distressed, cannot cope, feels powerless and vulnerable, and is unable to manage the process. She expressly references PTSD and vulnerability and asks for help. (**Exhibits E37–E39.**) No participation review or safeguarding response occurs.

4.6 **2024–2025** – Medical deterioration and crisis interventions

During 2024 and 2025, the Claimant's mental and physical health deteriorate significantly, including:

- (a) psychiatric reports confirming PTSD and vulnerability (**Prof Libby, 2022 and 2024**);
- (b) GP reports confirming inability to cope with unadjusted proceedings;
- (c) crisis team involvement in 2025 due to collapse linked to court proceedings;
- (d) A&E attendance in 2025 following a severe mental health crisis triggered by the legal

process;

(e) autism diagnosis and detailed specialist assessment confirming the need for clear communication, structure, and adjustments.

(Exhibits E33–E36 and medical exhibits as listed.)

4.7 June–December 2024 & February–August 2025 – Appellate phase

The Claimant seeks permission to appeal (20 June 2024) and later to re-open (22 February 2025). In both instances, decisions are taken on the papers. The Claimant’s complaints about participation measures and vulnerability status are never substantively engaged with. The Claimant does not seek to challenge those judicial decisions in this claim; her complaint is that the administrative system failed to recognise and record her vulnerability and equality needs during and after these phases.

4.8 October–November 2025 – PAP and escalation correspondence

The Claimant sends detailed PAP letters and escalation correspondence to HMCTS and MoJ (**20 and 21 October; 28, 29 and 30 October 2025**), setting out:

- (a) the unlawful revocation and non-maintenance of participation measures;
- (b) Equality Act and PSED breaches;
- (c) Autism Act statutory guidance concerns; and
- (d) escalating safeguarding risks.

No meaningful response or remedial action is received. (**Exhibits E27–E32; Table B.**)

4.9 25 November 2025 – JR issued

The Claimant issues this judicial review, challenging those ongoing administrative and equality omissions.

4.10 4 December 2025 – Order refusing urgent consideration

The Administrative Court refuses urgent consideration, citing (i) historic matters; (ii) lack of discernible immediate urgency; and (iii) difficulty in following the application. This submission addresses those points directly.

5. GROUNDS OF CHALLENGE (HIGH-LEVEL)

The Claimant's grounds are pleaded more fully in the main judicial review claim, but for the purposes of this reconsideration, they can be summarised as follows:

Ground 1 – Failure to maintain and review participation measures for a disabled court user

Ground 2 – Failure to safeguard and respond to escalating risk

Ground 3 – Breach of the Equality Act 2010 (reasonable adjustments) and the Autism Act statutory guidance

Ground 4 – Breach of the Public Sector Equality Duty (PSED)

Ground 5 – Breach of Article 6 ECHR (effective participation) and common law fairness

These grounds are administrative and equality-focused. They are directed at the responsibilities of HMCTS and MoJ as public authorities and service-providers, and at the system's ongoing handling of the Claimant as a disabled court user. They do not invite the Court to review or overturn the substantive decisions of the judges in the underlying proceedings.

6. RESPONSE TO THE ORDER OF 4 DECEMBER 2025

Issue 1 – “Matters that occurred many months ago”

6.1 The Order states that much of the claim “relates to matters that occurred many months ago”. Respectfully, this mischaracterises the nature of the complaint.

6.2 The Claimant's case is not that a single historic event was wrongful, but that there has been a continuous failure since February/March 2024 to identify, record and maintain appropriate participation measures and equality adjustments for an autistic and PTSD-vulnerable court user. The duties under consideration – particularly those arising under:

- (a) FPR Part 3A and PD3AA;
- (b) the Equality Act 2010 (ss.20–21, 29);
- (c) the Autism Act statutory guidance; and
- (d) the Public Sector Equality Duty (s.149 EqA 2010)

are ongoing duties. They do not lapse with the end of the trial in May 2024.

6.3 The Claimant remains, today, a disabled court user whose vulnerability and participation needs have never been properly recorded or addressed by HMCTS or MoJ. She remains subject to orders, costs consequences and administrative steps which she cannot safely navigate without lawful participation measures. The PAP correspondence of October–November 2025, and the crisis and medical evidence of 2025 (Exhibits E33–E39), show that the problem is current.

6.4 The “many months ago” formulation therefore does not capture the continuing nature of the omission. The complaint is about what HMCTS and MoJ are still not doing in response to clear statutory duties and repeated warnings, not merely about what happened at a past hearing.

Issue 2 – “Not possible to discern any immediate urgency”

6.5 The Order states that “it is not possible to discern any immediate urgency”. The Claimant respectfully submits that there are two independent and interacting urgency grounds:

- (1) the ongoing exclusion of a disabled court user from effective participation, in circumstances where further procedural steps and consequences continue to arise; and
- (2) an escalating safeguarding situation evidenced by crisis team involvement, A&E admission, and multiple medical reports linking her deterioration to the strain of unadjusted legal processes.

6.6 On participation, the Claimant is currently unable safely to understand and respond to correspondence, orders and procedural developments without adjustments. The autism

assessment (**Exhibits E35–E36**) confirms that ambiguous and unstructured written communication causes serious distress, shutdowns and loss of functional ability. Continuing to manage her case purely on the papers, without adjustments, perpetuates the breach and the disadvantage.

6.7 On safeguarding, the crisis team report (**E33**), the A&E notes (**E34**), and the GP and psychiatric evidence show that:

- (a) the Claimant has experienced repeated mental health crises connected to the court process;
- (b) she has required emergency intervention and sedation;
- (c) crisis services have explicitly queried whether advocacy/support should be provided in the legal context; and
- (d) her capacity to cope with unadjusted procedures is fragile.

6.8 The earlier emails of **2 May 2024 (E37–E39)** show that these risks were flagged to the Court more than a year ago, with clear disclosures of distress, inability to cope, and pleas for help. The subsequent crisis evidence shows that those risks materialised.

6.9 In these circumstances, continued reliance on paper-only processes, without an oral, in-person opportunity to identify and direct appropriate participation measures, is itself a source of immediate risk. The Claimant submits that such a situation is inherently urgent: it engages Article 6 (effective participation) and Equality Act duties in an ongoing way.

Issue 3 – “Application extremely difficult to follow”

6.10 The Order records that the application is “extremely difficult to follow”. The Claimant apologises for any earlier lack of clarity. She is autistic, has PTSD, and is unrepresented. These conditions affect her written expression, her ability to structure complex information, and her tolerance of ambiguity. Those same disabilities are the subject of the claim.

6.11 The Claimant has now re-organised her case into the present structure. When reduced to essentials, the issues are straightforward:

- (a) The system initially granted participation measures recognising her vulnerability, then allowed those measures to disappear without order or review.
- (b) The Claimant repeatedly notified the Court and HMCTS that she was unable to cope and was suffering severe distress, including in the emails of **2 May 2024 (E37–E39)**.
- (c) HMCTS and MoJ failed to record or act upon these disclosures in a way consistent with their duties under FPR Part 3A, the Equality Act, the Autism Act guidance and the PSED.
- (d) During 2024–2025, the Claimant’s mental and physical health deteriorated significantly, with crisis team and A&E involvement linked to the legal process **(E33–E36)**.
- (e) Detailed PAP and escalation correspondence in October–November 2025 **(E27–E32)** set out these matters and requested remedial action. There was no adequate engagement.
- (f) The claim seeks public law relief compelling HMCTS and MoJ to recognise, record and act upon their participation and safeguarding duties in relation to the Claimant as a disabled court user.

6.12 The Claimant therefore respectfully submits that, as clarified in this document, the application is no longer difficult to follow. It concerns two main administrative failures (participation measures and safeguarding/equality duties) and their ongoing impact.

7. STATUTORY FRAMEWORK (SUMMARY)

7.1 FPR Part 3A and PD3AA require the Court service and those administering proceedings to identify vulnerable parties and witnesses, consider how their participation and evidence may be affected, and put in place appropriate measures which must be reviewed and maintained so long as the impairment persists.

7.2 The Equality Act 2010 (ss.20–21, 29) imposes a duty on service-providers, including HMCTS and MoJ, to make reasonable adjustments so that disabled persons are not placed

at a substantial disadvantage when accessing services. The Claimant is a disabled person within s.6 EqA 2010, by reason of autism, PTSD and associated conditions.

7.3 The Public Sector Equality Duty (PSED) in s.149 EqA 2010 requires public authorities to have due regard to the need to eliminate discrimination, advance equality of opportunity, and remove or minimise disadvantages suffered by disabled persons. It is a continuing duty and must be exercised consciously and in substance.

7.4 The Autism Act 2009 statutory guidance, treated as if issued under s.7 of the Local Authority Social Services Act 1970, requires public bodies to identify autistic adults, record their needs, and ensure that adjustments are made to enable access to services. Where guidance is not followed, a good reason should be given; otherwise judicial review may lie.

7.5 Article 6 ECHR requires that a person's right to a fair hearing be practical and effective, not theoretical or illusory. For disabled litigants, this includes the right to effective participation, which may require positive steps to adjust procedures.

7.6 Common law procedural fairness requires that parties have a fair opportunity to know and meet the case against them, and that disability and vulnerability be taken into account where relevant to participation.

8. URGENCY AND NEED FOR AN ORAL, IN-PERSON PERMISSION HEARING

8.1 The Claimant's position is that a short, urgent, oral, in-person permission hearing is necessary for three reasons:

- (a) to allow the Court to understand directly the functional impact of autism and PTSD on her ability to participate;
- (b) to identify and direct appropriate participation measures and reasonable adjustments going forward; and

(c) to reduce safeguarding risk by avoiding further deterioration triggered by paper-only processes.

8.2 The medical and crisis exhibits (**E33–E36**), combined with the emails of **2 May 2024** (**E37–E39**), show that the Claimant’s difficulties are not abstract or speculative. They have resulted in:

- (i) crisis team involvement;
- (ii) emergency A&E attendance;
- (iii) marked deterioration in mental health; and
- (iv) repeated expressions of inability to cope with the process.

8.3 An oral, in-person hearing is clinically indicated: autism and PTSD make it very difficult for the Claimant to engage safely with written ambiguity and delayed feedback. In-person interaction allows real-time clarification, adjustment of pace, and observation of distress, which cannot be achieved on the papers.

8.4 The Claimant is not asking the Court to decide the entire judicial review urgently. She seeks urgent consideration limited to:

- (a) whether the refusal of urgency should be reconsidered;
- (b) whether a short oral permission hearing should be listed; and
- (c) whether interim participation and safeguarding directions are required.

9. RELIEF SOUGHT

9.1 The Claimant respectfully asks the Court to:

- (1) Reconsider the Order dated **4 December 2025** insofar as it refuses urgent consideration of the claim;

(2) List a short urgent oral, public, in-person permission hearing (estimated 1–1.5 hours), with appropriate participation measures in place, including but not limited to:

- recognition of the Claimant as a vulnerable party;
- clear, paced oral explanation of the issues and next steps;
- breaks and adjustments consistent with her autism and PTSD; and
- permission for a supporter or intermediary if available;

(3) Give such interim participation and safeguarding directions as the Court considers appropriate, in light of the evidence of crisis involvement, A&E attendance, and the autism assessment; and

(4) Make any further or consequential directions that the Court considers just.

9.2 The Claimant respectfully submits that, in light of the clarified structure, the ongoing nature of the statutory duties, and the gravity of the safeguarding evidence, the three concerns in the Order of **4 December 2025** should be reconsidered, and that it would be unsafe and inappropriate to leave this matter to be determined solely on the papers without an opportunity for oral, in-person engagement.

APPENDIX A — TABLES REFERRED TO IN THE SUBMISSION

Table A – Chronology of Breach

Exhibit	Date	Event / Evidence	Relevance
E31	19–28 Feb 2024	Trial; participation measures ordered	Recognition of disability need
E32	~28 Feb 2024	Measures revoked without order	Origin of breach
E33	18 Apr 2024	Judgment omits disability context	Evaluative distortion
E34	24 May 2024	Costs Order mischaracterisation	Disability-related behaviour interpreted as misconduct
E35	23 Dec 2024 / 4 Aug 2025	CA refusals without disability analysis	Breach persists into appellate phase
E36	Oct–Nov 2025	PAP letters unanswered	Administrative non-engagement
E37	25 Nov 2025	JR issued	Breach continues to present

Table B – PAP Correspondence & Escalation

Exhibit	Document	Date	Notes
E27	PAP Letter + Annex A	20 Oct 2025	Sets out procedural unfairness, equality breaches, evidence concerns
E28	Follow-Up PAP Letter – Unlawful Revocation	21 Oct 2025	Details disappearance of participation measures
E29	Urgent Escalation Letter	28 Oct 2025	Records continuing breach; no engagement
E30	Safeguarding Emails	Oct–Nov 2025	Medical deterioration + total silence
E31	Escalation Stage 2	29 Oct 2025	HMCTS did not reply
E32	Escalation Stage 3	30 Oct 2025	MoJ / CA Registry did not act

Table C – Procedural Failures and Equality Breaches

Duty / Provision	Breach	Consequence
FPR 3A.7–3A.9 & PD3AA	Participation measures not maintained; revoked without order	Denial of adjustments
Equality Act 2010	No reasonable adjustments; disability misinterpreted	Direct/indirect discrimination
Public Sector Equality Duty	No due-regard assessment at any stage	Systemic disability discrimination
Articles 6 & 14 ECHR	No effective participation; decisions made on papers	Procedural unfairness
Common law fairness	Disability evidence suppressed; behaviour misread	Appearance of bias

APPENDIX B

EXCERPTS FROM THE HOUSE OF LORDS AUTISM ACT REPORT (PUBLISHED 23 NOVEMBER 2025)

Appendix A – Autism Action Analysis (2025)

Autism Action observes that the House of Lords report **Time to Deliver** highlights significant and systemic failures affecting autistic people across public services. Based on evidence gathered from more than 5,000 autistic individuals, families and carers, Autism Action strongly supports the report’s recommendations and calls for urgent Government action to implement them. The report identifies fragmented accountability, barriers to escalation, and widespread non-compliance with statutory equality duties—structural issues that directly mirror the Claimant’s experience with HMCTS and the Ministry of Justice.

Appendix B – Key Extracts from House of Lords Autism Act Report (2025)

1. Structural Duties – Paragraphs 10–12

- **Paragraph 10:** 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; produce a deliverable and costed plan for implementation which clearly identifies who is responsible and who is accountable at national, regional and local levels; ensure that a named Government Minister is accountable for overall delivery; and publish annual progress reports.
- **Paragraph 11:** To succeed, the strategy must confront cross-cutting systemic barriers. Responsibility and accountability for meeting autistic people’s needs are

currently fragmented, giving services little incentive to provide timely support. The strategy must set out how Government will ensure services are held to account for failures and how autistic people will be meaningfully involved in service design and delivery.

- **Paragraph 12:** The Government must produce updated statutory guidance to the Autism Act defining clear mandatory duties, clarifying how they interact with other legal obligations, specifying accountability routes, monitoring requirements, and mechanisms for independent recourse when services fail.

2. Expanded Accountability Framework – Paragraphs 147–149

- **Paragraph 147:** The Government must identify accountable structures, define responsible bodies, establish measurable outcomes and confirm who is personally accountable for each element of delivery under the new autism strategy.
- **Paragraph 148:** The strategy must overcome systemic failures including fragmented responsibility, lack of incentives for early support, barriers to autistic people's involvement and patchy access to specialist services. It should support specialist expertise and invest in research and co-designed interventions.
- **Paragraph 149:** Updated statutory guidance must identify a focused set of duties for NHS bodies and local authorities; clarify how Autism Act duties relate to other legal frameworks; set out information needed for national monitoring; make clear how Government will hold a body to account if it fails to follow the guidance without good reason; and explain how autistic people and carers can access independent recourse when services fail.

3. Safeguarding and Escalation – Paragraph 392

- **Paragraph 392:** In new statutory guidance to the Autism Act, the Government must make clear how 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.

4. Equality and Accessibility Duties – Paragraph 221

- **Paragraph 221:** 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 should take account of the principles of universal design and relevant guidance on designing environments to be accessible to neurodivergent people, and must involve meaningful consultation with autistic people and those who support them about accessibility needs.

5. Judicial Review and Enforcement Gap – Paragraphs 136–139

- **Paragraph 136:** The Autism Act provides that its statutory guidance is to be treated as though issued under section 7 of the Local Authority Social Services Act 1970. The guidance states that local authorities and NHS bodies must follow the relevant sections or provide a good reason why they are not doing so, and that if they do not follow the guidance and cannot provide a good reason, they may be liable to judicial review or action by the Secretary of State.
- **Paragraph 137:** Evidence to the Committee indicated that, in practice, autistic people frequently rely on the Autism Act in correspondence and pre-action letters, and that statutory bodies often back down once challenged. However, no judicial

review has ever been fully pursued to judgment testing compliance with the Autism Act guidance.

- **Paragraph 138:** Successive Secretaries of State have never taken formal action against a local authority or NHS body for failing to follow the statutory guidance. Although it is technically possible for the Secretary of State to institute a judicial review, the Committee saw no evidence of any systematic process for identifying non-compliance or holding bodies to account.
- **Paragraph 139:** Survey evidence cited by Autism Action shows strong support for making the Autism Act meaningfully enforceable, clarifying what rights it gives autistic people and carers and how they can challenge failures to provide services or support owed to them. The present judicial review is therefore properly understood as the first known test case seeking to enforce Autism Act statutory duties against a central public authority.

Appendix C – Box 5: Equality Act 2010 and Reasonable Adjustments

Section 6 of the Equality Act 2010 defines disability as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Statutory guidance identifies autism as an example of an impairment that may give rise to disability.

Section 20 creates a positive, anticipatory duty on service-providers to take such steps as it is reasonable to have to take to avoid placing disabled people at a substantial disadvantage. This includes adjusting provisions, criteria or practices; removing or altering physical features; and providing auxiliary aids where necessary.

The Act prohibits discrimination in the exercise of public functions and in the provision of services. Public authorities, **including those responsible for the administration of the**

courts, must ensure that disabled people are not placed at a substantial disadvantage when accessing and using their services.

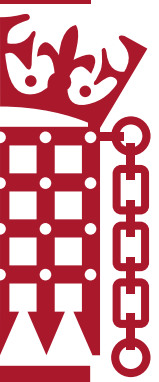
Section 6 of the Equality Act 2010 defines disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities. 'Substantial' is more than minor or trivial, for example it takes much longer than it usually would to complete a daily task like getting dressed. 'Long-term' means 12 months or more.

Statutory guidance to the Act gives autism as an example of an impairment that may give rise to disability.

The Equality Act 2010 creates a positive duty to anticipate the needs of, and make reasonable adjustments for, disabled people. **Section 20 of the Act** ('Duty to make adjustments') sets requirements to "take such steps as it is reasonable to have to take" to:

- avoid putting disabled people at a substantial disadvantage where a provision, criterion or practice would put them at that disadvantage compared with people who are not disabled;
- remove, alter or provide means of avoiding physical features where those features put disabled people at a substantial disadvantage compared with people who are not disabled; and,
- provide an auxiliary aid where disabled people would, but for the provision of that aid, be put at a substantial disadvantage in comparison with people who are not disabled.

The Act prohibits discrimination in relation to services and public functions, work, the management and disposal of premises, education, clubs and associations, and transport.



HOUSE OF LORDS

Select Committee on the Autism Act 2009

Report of Session 2024–26

Time to deliver: The Autism Act 2009 and the new autism strategy

Ordered to be printed 10 November 2025 and published 23 November 2025

Published by the Authority of the House of Lords

Select Committee on the Autism Act 2009

The Select Committee on the Autism Act 2009 was appointed by the House of Lords on 30 January 2025 to consider the Autism Act 2009 and to make recommendations.

Membership

The Members of the Select Committee on the Autism Act 2009 were:

<u>Baroness Rock</u> (Chair)	<u>Baroness Hodgson of Abinger</u>
<u>Lord Addington</u>	<u>Lord Hope of Craighead</u>
<u>Baroness Browning</u>	<u>Baroness Pitkeathley</u>
<u>Lord Crisp</u>	<u>Baroness Ritchie of Downpatrick</u>
<u>Lord Elliott of Mickle Fell</u>	<u>Lord Scriven</u>
<u>Baroness Goudie</u>	<u>Lord Wigley</u>

Declaration of interests

See Appendix 1.

A full list of Members' interests can be found in the Register of Lords' Interests:

<https://www.parliament.uk/mps-lords-and-offices/standards-and-interests/register-of-lords-interests>

Publications

All publications of the Committee are available at:

<https://committees.parliament.uk/committee/770/autism-act-2009-committee/publications/>

Parliament Live

Live coverage of debates and public sessions of the Committee's meetings are available at:

<https://www.parliamentlive.tv>

Further information

Further information about the House of Lords and its Committees, including guidance to witnesses, details of current inquiries and forthcoming meetings is available at:

<https://www.parliament.uk/business/lords>

Committee staff

The staff who worked on this Committee were Stuart Stoner (Clerk), Lucy Valsamidis (Policy Analyst), Abdullah Ahmad (Committee Operations Officer), Clayton Gurney (Committee Operations Officer) and Aneela Mahmood (Press and Media Officer).

Contact details

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Social media

You can follow the Committee on Bluesky: [@hlautismactcom.parliament.uk](https://hlautismactcom.parliament.uk); LinkedIn: <https://www.linkedin.com/showcase/autism-act-2009-committee/> and

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SUMMARY

Our inquiry: examining the Autism Act 2009

The Autism Act 2009 is a law for and about autistic people in England. The Act requires the Government to produce an autism strategy, backed up by statutory guidance for the NHS and local authorities.

The House of Lords asked our Committee to look at how well the Autism Act has been working, how it could work better in the future, and what the current autism strategy has achieved. We have examined what the Government needs to do to develop an effective new strategy for launch in July 2026, when the current one ends. The Government has committed to use this report to help it develop the strategy.

We heard from dozens of autistic people and people who support them, and took written evidence from hundreds more. The views of thousands of others were shared with us by individuals and representative groups. We were constantly struck by the moving and powerful testimony of the people who shared their experiences with us.

Autistic people are as diverse as our country and represent an integral, valuable part of it. Yet autistic people are beset by persistent inequalities, holding them back from living fulfilling lives and our society back from an inclusive future.

Sixteen years of the Autism Act

In 2009, awareness of autism was low. When autistic people sought help, they often fell through the gaps between mental health and learning disability services. Autistic people were often invisible.

The Act, successive autism strategies and statutory guidance have helped change that. They have made national and local government recognise and respond to the needs of autistic people. They have also expanded access to autism assessment. However, they have not succeeded in breaking down the barriers that autistic people face.

When the Act was passed, about 1% of people were estimated to be autistic. Diagnosis rates are now much higher than this in younger people, but still much lower in older people. This change has been driven by evolution in the medical and social understanding of autism. But there are also signs that autistic people are struggling to cope and are seeking a diagnosis to access even basic help. Services for autistic people are unable to cope with the numbers seeking assessment and support.

Outcomes have not improved. A new approach is now urgently needed.

The new autism strategy

The Government autism strategy for 2021–26 set ambitions reflecting key priorities of autistic people and those who support them. However, after the first year, successive governments produced no plan to deliver or fund the strategy.

The Government must now take a different approach and launch a new strategy, identifying priority outcomes, producing a costed, deliverable plan to achieve them, and making clear who is responsible and accountable for delivery. Autistic

people and those who support them must be meaningfully involved in every stage of the development and delivery of the new strategy.

Autistic people often face cliff edges in access to support: it is at the times of transition in life when support is most needed that it is most likely to fall away. The new strategy must take a lifespan approach, enabling every autistic person to access the right kind and level of support when they need it.

Too many autistic people access no support until they reach a crisis point. This costs money and lives. To end the reactive, crisis-led approach, the Government must give public services incentives to invest in timely, preventative support. Support must be based on good practice and strong evidence. The Government should develop co-designed interventions to improve autistic people's lives and support trailblazing services to help build capability across mainstream services.

The new strategy must be reinforced by updated statutory guidance, making clear what the NHS and local authorities must do to implement the strategy. The Government must make clear how services will be delivered, how they will be held accountable, and what the consequences will be when they fail to meet autistic people's needs.

Public understanding, acceptance and accessibility

Awareness of autism has rapidly grown since 2009, but public understanding and acceptance have not kept pace. Most autistic people still do not feel accepted or understood. Public spaces and facilities are too often inaccessible. This drives loneliness and mental ill health and stops many autistic people from fully participating in society.

Public discourse about autism is often unhelpful and, at worst, based on alarming misconceptions. This has a damaging impact on autistic people and those who support them.

The Government must now step up and show its support for autistic people, running a public understanding campaign in partnership with autistic people and those who support them. The Government must monitor this campaign and evaluate its impact.

To make public spaces accessible to autistic people, the Government must commission and evaluate mandatory, co-produced training for public-facing staff and make clear how they should meet their duties towards autistic people under equality law.

Identification, assessment and support

Autism diagnosis can change lives, enabling autistic people and those around them to understand and respond to their needs. However, the autism assessment system can also become a bottleneck, giving overstretched services a means to ration access to support.

Successive governments have focused limited resources on increasing capacity to carry out autism assessments, rather than providing support before and after diagnosis. The autism assessment system is now under severe pressure. Thousands wait years for a diagnosis and receive little to no support even when it comes.

The Government wants to see more autistic people receive needs-led support without a diagnosis. However, many fear that this will become an excuse to withhold diagnosis and make it harder to access any support at all.

The Government urgently needs to invest in autism assessment. But this will not be enough on its own. A radical shift is needed. Working in close partnership with autistic people and those who support them, the Government must identify how to move towards a stepped, lifelong model of support.

Reducing health inequalities and building support in the community

Autistic people face unacceptable inequalities in health outcomes and life expectancy. The Government has acted to make healthcare services more accessible for autistic people, by rolling out the Oliver McGowan Mandatory Training and trialling health checks for autistic adults. To build on this progress, the Government must test and roll out evidence-based ways of meeting autistic people's healthcare needs and develop capability across the health and care workforce.

Autistic people still often fall into gaps between mental health and social care services. Many are turned away from mental health services just because they are autistic. Services must be given backing and incentives to provide low-level, integrated support to prevent care needs from developing and from escalating into a crisis. This support often costs little, but makes a big difference.

Too many autistic people are still being detained in mental health hospitals for no good reason. To put a stop to this at last, the Government must set out a roadmap for the development of strong community services. Autistic people also die early far too often. The Learning from Lives and Deaths Review process must be made mandatory and an independent process set up to make sure recommendations are implemented.

Access to education and transitions to adulthood

Autistic children and young people do not have equal access to education. Thousands are unhappy at school or out of school altogether, with many families turning to home education in desperation. The Government must build up capability for educating autistic children and young people across all types of educational provision, supporting high-performing specialist schools to act as centres of excellence.

Young autistic people typically face a gulf in access to support when they become adults. Just when they should be spreading their wings, vital support falls away. Services must be developed to help young autistic people through this crucial transition, bringing together education, employment, housing and mental health support.

Employment

Most autistic people are not in work, but many would like to be. Supporting more autistic people to find and stay in work is not only critical to enabling those who wish to work to fulfil their aspirations, but would also help unlock economic benefits for the country as a whole.

Supported internships and supported employment programmes have a track record of helping autistic people move into work. Expanding access to such

schemes is crucial. Employers also need better support and incentives to enable more autistic people to find, stay and thrive in work. The Government should promote voluntary accreditation schemes like Autistica's Neurodiversity Employers Index and strengthen the Disability Confident scheme so it rewards employers that really do offer good support.

Criminal justice

Autistic people are at higher risk of falling through the cracks in systems of support. This can put them at risk of becoming involved in the criminal justice system, as victims, witnesses, or offenders.

The evidence on autistic people in the criminal justice system, while limited, is concerning. Autistic people face barriers to having their needs understood and met when they come into contact with the police, in courts, in prisons and on probation. This may increase their risk of not being diverted out of the system.

There are numerous initiatives to improve support for autistic people in the criminal and youth justice systems, but they are piecemeal. The Government must now develop, test and roll out effective forms of support across the whole system.

Conclusion

The Government must now use our recommendations as a basis to develop the new autism strategy to take effect in July 2026. At the heart of the strategy must be ambitions to involve autistic people in all decisions that affect them, to enable every autistic person to receive the right support at the right time, and to help build a more inclusive and prosperous society. Achieving these ambitions will take time. The starting point is to set realistic goals, make a plan to deliver them, monitor progress, and work together to build change.

LIST OF CONCLUSIONS AND RECOMMENDATIONS

Chapter 1: Introduction

1. Within the current parliamentary rules for committee work, we have sought to ensure that autistic people and those who support them have been given many opportunities and a variety of means for meaningful involvement in the Committee's work. (Paragraph 60)
2. *We invite the House of Lords Procedure and Privileges Committee (which is responsible for recommending changes to House of Lords procedure) to consider ways in future to facilitate the meaningful involvement of a diverse range of people with lived experience in the work of committees such as ours, and the Liaison Committee (which is responsible for recommending the appointment of new committees) to provide committees with sufficient time and resources to do so.* (Paragraph 61)
3. Our report sets out a path to addressing the needs and aspirations of autistic people through the new autism strategy. Each of our recommendations requires urgent action as part of that strategy. The Minister for Care has made a commitment to bring forward the new autism strategy in 2026, to ensure there is no vacuum when the current strategy expires in July that year, and to put in place an implementation plan. *The Government must now meet that commitment in full.* (Paragraph 62)
4. The Minister for Care has also made a commitment to use this Committee's work to help shape the new autism strategy. We will judge the Government's response against that commitment. It is in that spirit that we make this report for debate. (Paragraph 63)

Chapter 2: The Autism Act, autism strategy and statutory guidance

5. The Autism Act 2009 was a critical step forward in the recognition of autistic people and their needs. (Paragraph 142)
6. The Autism Act, successive autism strategies and statutory guidance have been vital in driving national and local action to improve autistic people's lives. They have set lines of responsibility for meeting autistic people's needs and brought more autistic people and those who support them into decisions about the services they use. They have also helped drive change in the way that services are organised and run, most significantly through the expansion of access to autism assessment for adults. (Paragraph 143)
7. However, the Act and successive autism strategies have failed to tackle the key barriers that stand in the way of improving outcomes. Meanwhile, numbers of autistic people and families seeking assessment and support have risen rapidly. This is likely to be because of changes in the understanding of autism; because more autistic people are struggling to cope; and because thresholds for access to support from overstretched public services have risen. In the words of one witness, the state is fighting the state. (Paragraph 144)
8. *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 six 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; and criminal justice.* (Paragraph 145)

9. *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; and,*
 - *making society more inclusive for autistic people will help make it better for everyone. (Paragraph 146)*
10. *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; and,*
 - *set out in the strategy a plan to improve cross-government data collection and reporting on outcomes. (Paragraph 147)*
11. *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:*
 - *Responsibility and accountability for meeting autistic people's needs are fragmented, meaning services have little incentive to provide timely support. 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.*
 - *There are too often barriers to the meaningful involvement of autistic people in service design and delivery. 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.*
 - *There are some exemplary services supporting autistic people, but they are patchy and too many autistic people have no access to them. The strategy must set out how the Government will support specialist services and professionals to advise and build capability across mainstream services.*
 - *Evidence on the best ways to meet autistic people's needs is still limited. 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. (Paragraph 148)

12. *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 authorities, making clear what it is mandatory, and what it 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; and,*
 - make clear how autistic people and those who support them can access independent recourse when services fail to meet their needs. (Paragraph 149)*

Chapter 3: Improving understanding, acceptance and accessibility

13. There has been a welcome increase in public awareness of autism since the Autism Act came into force. Younger people in particular are perceived to be embracing neurodiversity and demonstrating acceptance of autism. There are positive signs that these trends have created an environment where people are more willing to seek and be open about an autism diagnosis. (Paragraph 213)
14. However, understanding of autism and acceptance of autistic people continue to lag behind. The aim of the current autism strategy for there to be a significant improvement in public understanding and acceptance by 2026 is unlikely to be met. There remain fundamental misunderstandings and misconceptions about autism, and autistic people remain subject to stereotyping, stigma and discrimination. (Paragraph 214)
15. There is also a real fear among autistic people and those who support them that the misinformed public discourse about autism at the present time is increasing the stigma that autistic people face. In particular, rhetoric suggesting there is an overdiagnosis problem has had a damaging impact. The ambition that there comes a time when acceptance becomes embracement of autism remains far off. (Paragraph 215)
16. Against that backdrop, the failure by successive governments to meet the commitment in the current autism strategy to develop an autism public

awareness and understanding initiative is both striking and unacceptable. (Paragraph 216)

17. *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.* (Paragraph 217)
18. *This initiative should be underpinned by regular polling, tracking changes to public attitudes to and understanding and acceptance of autism.* (Paragraph 218)
19. *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.* (Paragraph 219)
20. Autistic people continue to face fundamental barriers to the accessibility of a wide range of public services and environments. This has a damaging impact not only on effective service provision, but also on the wellbeing of autistic people and those who support them. (Paragraph 220)
21. *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.* (Paragraph 221)

Chapter 4: Identification, assessment and support

22. An effective autism assessment system is critical to improving lives. Diagnosis plays a vital role in enabling an autistic person and those that support them to understand and respond well to their needs. For many, diagnosis is life-changing. However, in practice the autism assessment system can also become a tool for public services to ration limited access to support, forcing some to pursue diagnosis to access even basic help. (Paragraph 287)
23. The current autism assessment system is not fit for purpose. Access to autism assessment has widened, but the number of people coming forward for assessment has risen much more rapidly than services have been expanded. Thousands of people wait years for a diagnosis and are left with little to no support even when it comes. (Paragraph 288)
24. Successive Government strategies have focused on using limited capacity to increase the number of assessments carried out, at the expense of supporting autistic people before and after diagnosis. This means vital opportunities to offer timely support are routinely missed. (Paragraph 289)
25. The Government is seeking to provide more needs-led support and reduce numbers of people seeking diagnosis. However, there is real fear among autistic people and those who support them that this could mean that the

intrinsic benefits of diagnosis are lost and in practice make it even harder to access any support at all. (Paragraph 290)

26. A new way forward is needed. To tackle unacceptable waiting times, the Government will need to continue to scale up autism assessment services. By itself, this will not be sustainable. To enable every autistic person to access the support they need in a timely way, the Government needs to build a stable, equitable model of identification, assessment and support that can be stepped up and down throughout life. (Paragraph 291)
27. *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; and,*
 - *set up a commissioning framework to develop, test and scale up stepped, evidence-based identification, assessment and support pathways for autistic children and adults. (Paragraph 292)*
28. *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; and,*
 - *how to set training and quality assurance standards for autism assessment. (Paragraph 293)*
29. *The Government should use its findings as the basis of a new commissioning framework, workforce plan and funding settlement for autism assessment. (Paragraph 294)*

Chapter 5: Reducing health inequalities and building support in the community

30. We welcome the Government's commitments to address unacceptable inequalities in health outcomes and life expectancy in the new autism strategy. NHS services are too often inaccessible for autistic people. Even when people do access NHS services, those services often lack the capability they need to offer the right support. (Paragraph 340)

31. Important progress has been made in improving autistic people's access to healthcare in recent years, in particular through the introduction of the Oliver McGowan Mandatory Training. Building on this progress is vital. (Paragraph 341)
32. *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.* (Paragraph 342)
33. *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.* (Paragraph 343)
34. *Subject to the forthcoming evaluation of the Oliver McGowan Mandatory Training, 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.* (Paragraph 344)
35. *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.* (Paragraph 345)
36. *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; and,*
 - *develop, test and scale up effective models for meeting the needs of autistic people across general and mental health services.* (Paragraph 346)
37. Too many autistic people are unable to access the support they need to live well in the community. Many still fall through gaps between mental health and social care services. Failures to provide early, timely support increase the risks of crisis. (Paragraph 387)
38. *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.* (Paragraph 388)
39. We welcome the Government's commitment to make it a priority in the new autism strategy to ensure autistic people can leave and stay out of mental health inpatient settings. (Paragraph 389)
40. *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.* (Paragraph 390)
41. Autistic people are at unacceptable risk of harm in health and care settings and in informal care relationships. There is also concerning evidence to suggest

that some carers of autistic people, and autistic carers, are unfairly blamed or treated with suspicion when they try to access help. (Paragraph 391)

42. *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.* (Paragraph 392)
43. It is unacceptable that so many autistic people and people with a learning disability die prematurely. *The Government must make it mandatory for Integrated Care Boards 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.* (Paragraph 393)

Chapter 6: Access to education and transitions to adulthood

44. Autistic children and young people do not have equal access to education. Most autistic children and young people attend mainstream schools; many are unhappy there. Increasing numbers of families of autistic children are turning to home education not because they want to but because school is no longer an option for them. Rates of suspension and exclusion are also too high. A new generation of young autistic people is being set up to struggle. (Paragraph 441)
45. Mainstream schools need more support and stronger incentives to provide autistic children and young people with the support they need. We endorse the recommendation of the House of Commons Education Select Committee that an inclusive mainstream education system must be underpinned by principles that:
 - “education settings and environments must be accessible, safe, and designed to meet a wide range of sensory and physical needs;
 - “teachers and teaching assistants and other support staff should have the expertise, training, and confidence to support diverse learners, underpinned by regular access to embedded specialist professionals;
 - “the curriculum must be flexible, relevant, and reflect the representation of young people with SEND; and the Government must ensure the curriculum itself and the assessment of it reflect and accommodate their needs;
 - “accountability systems must examine and prioritise the progress and outcomes of all pupils, on a rounded set of indicators which include but are not limited to academic attainment, so that inclusion is embedded as an essential component of quality for all settings; and,
 - “good inclusive practice must always ensure rigorous, systemic approaches to understanding the individual needs of every child and delivering personalised support.” (Paragraph 442)
46. Improving outcomes for autistic children and young people must be a key measure of the success of any reform to the education system. *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.* (Paragraph 443)

47. *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. (Paragraph 444)*
48. *Young autistic people very often face a cliff edge in access to support in the transition to adulthood, just when they need that support most. 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. (Paragraph 454)*
49. *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. (Paragraph 455)*

Chapter 7: Employment

50. *The Government's Get Britain Working plan offers opportunities to enable more autistic people to move towards and into work, in particular through the expansion of access to supported employment. (Paragraph 495)*
51. *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. (Paragraph 496)*
52. *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. (Paragraph 497)*
53. *Employers have a vital role to play in enabling autistic people to find, stay and thrive in work, but they need more support and stronger incentives to do so. (Paragraph 527)*
54. *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. (Paragraph 528)*
55. *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. (Paragraph 529)*
56. *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. (Paragraph 530)*
57. *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. (Paragraph 531)*

Chapter 8: Criminal justice

58. The current autism strategy aims for all parts of the criminal justice system to have made demonstrable progress by 2026 in ensuring that autistic people have equal access to care and support where needed. This aim is unlikely to be met. While there are many pockets of good practice, support across the system as a whole is patchy and inconsistent. The system is not joined up in its support for and understanding of autistic people, and there is no effective mechanism for best practice in a particular institution or part of the system to be applied across the system as a whole. (Paragraph 608)
59. We identify six specific problems:
 - poor identification, screening and assessment pathways within the criminal justice system;
 - poor and inconsistent collection and sharing of data on numbers of autistic people and the needs of individuals;
 - a lack of understanding of autism and the specific difficulties that people may face in the criminal justice system;
 - a lack of support and adjustments for autistic people across the system;
 - continued cases of inappropriate treatment; and,
 - inconsistent practice across the system as a whole. (Paragraph 609)
60. The July 2021 *Neurodiversity in the Criminal Justice System: a review of evidence* report made six core recommendations:
 - A coordinated 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 coordinated 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. (Paragraph 610)
61. *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.* (Paragraph 611)
62. *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; and training for frontline staff. (Paragraph 612)