



Autism Act 2009 Committee

Corrected oral evidence

Monday 30 June 2025

2.45 pm

Watch the meeting

Members present: Baroness Rock (The Chair); Lord Addington; Baroness Browning; Lord Crisp; Baroness Goudie; Lord Elliott of Mickle Fell; Baroness Hodgson of Abinger; Lord Hope of Craighead; Baroness Pitkeathley; Baroness Ritchie of Downpatrick; Lord Wigley.

Evidence Session No. 23

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Questions 170 - 192

Witnesses

I: Stephen Kinnock MP, Minister of State for Care, Department of Health and Social Care; Alison McGovern MP, Minister for Employment, Department for Work and Pensions; Catherine McKinnell MP, Minister for School Standards, Department for Education.

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Examination of witnesses

Stephen Kinnock, Alison McGovern and Catherine McKinnell.

Q170 The Chair: Good afternoon and welcome to this public meeting of the House of Lords Committee on the Autism Act 2009. In this evidence session, we will scrutinise the Government's implementation of the Autism Act and the current autism strategy, as well as what the Government plan to do when the current strategy ends in 2026.

We are delighted to be joined by Ministers from three government departments: Stephen Kinnock MP, the Minister of State for Care at the Department of Health and Social Care; Alison McGovern MP, the Minister for Employment at the Department for Work and Pensions; and Catherine McKinnell MP, the Minister for School Standards at the Department for Education. You are all most welcome; thank you very much indeed for taking the time to come and see our committee today.

The committee's job is to scrutinise the Government and their policies. We are not able to help with individual problems or complaints, and we do not permit personal criticism of individuals as they do not have the right to reply. Members of the public can watch our proceedings either online or in person but are not allowed to speak during a public session. Our evidence sessions are on the record, which means that they are broadcast and that a written transcript is taken for subsequent publication. The list of members' declared interests has been declared on the website.

We have approximately two hours and a large number of questions to ask. To allow the meeting to run to time, I encourage one of our ministerial witnesses to take the lead in answering each question and their colleagues to add relevant comments rather than repeating what has been said already. I know that you, Minister McGovern, have to leave just before 3.30 pm, which we completely understand, so we will move some of the questions around to give you time to answer them.

Having made that introduction, I will now ask the first question; I would be grateful if, when you answer it, you could introduce yourselves and make any brief introductory remarks. Looking at the Autism Act and the autism strategy, what do the Government want to achieve for autistic people in the context of wider strategic aims and spending plans? What roles will the Autism Act 2009 and the Government's duty to publish an autism strategy play in achieving those goals? Minister Kinnock, perhaps we could start with you.

Stephen Kinnock: Of course; thank you very much. We really do appreciate this opportunity to engage with the committee today. We thank you for the extremely important work that you are doing. We certainly look forward to the outcomes of your work, which will help inform our thinking.

I start by saying that we are clear that autistic people have a huge amount to contribute and offer to our society, our economy and our

communities. The question today is not at all about how to deal with the problem—quite the opposite: it is about how to seize an opportunity. There is a lot more that we can and should be doing. I know that my colleagues, Minister McKinnell and Minister McGovern, will make very similar points from the perspectives of their respective departments, but I will say a couple of words from the point of view of the Department of Health and Social Care.

There are three primary challenges that we need to tackle. The first is that, as I am sure the committee will have seen through Lord Darzi's report, we are seeing a marked increase in demand for autism assessments and, to some extent, diagnosis.

The second challenge that we have is around settings. We need to deliver the shift from hospital to community. That will be at the heart of our 10-year health plan, which will be published very soon¹. Too many autistic people are in the wrong settings. I am sure that we will get to talk a bit about how we hope the Mental Health Bill will help to address that.

The other pressing challenge is around health outcomes. All the statistics show that, to a large degree, the health outcomes for autistic people are worse than they are for their peers who are not autistic. They also show deeply disturbing things, such as significantly higher suicide rates.

For us, the conversation about the future has to be anchored in a discussion of those three primary challenges. Going forward, the strategy has to prioritise addressing those three core challenges. Looking to the future—

The Chair: Sorry—I do not want to interrupt you but, just for clarification, are you confirming that the Government will publish a new strategy?

Stephen Kinnock: I am not in a position right now to be able to say exactly what the strategy will look like, because no precise decisions have been made about it, but I know that the current strategy will, nominally, last until July 2026. We certainly do not want to leave a vacuum, so we are committed to reflecting deeply on those three challenges—the first one, in particular, to try to understand the drivers of this almost exponential increase in demand—and to formulating a strategy on that basis. I am confident that the input from this committee will help us shape that strategy.

I can say that we are absolutely committed to there not being a vacuum, to there being a strategy and to there being an implementation plan. Sadly, I am not in a position today to go into a huge amount of detail on what might be in it, but I want to end by saying that the strategy that we will bring forward is being shaped as we speak. We have launched an

¹ Note from witness: Subsequently published 3rd July 2025: [10 Year Health Plan for England: fit for the future - GOV.UK](https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future)

important survey, which will report back in the autumn²; that will be an important first staging post towards developing the strategy in 2026.

Alison McGovern: Thank you for welcoming us today. I offer the committee my sincere apologies for having to leave early, for reasons that I am sure the committee will understand, but I am very grateful. I want to add to Minister Kinnock's comments, and explain where the Department for Work and Pensions fits in and where we are already working closely with colleagues in the Department of Health on this.

Our department's contribution to the Government's growth and opportunity mission is our ambition to get to an employment rate of 80%. The committee will know very well that the employment rate for autistic people is 31%—some 50 percentage points below that—so it is clear that we, as a department, have a lot of work to do.

I will make a couple of points about the change process that we are going through and where that will, I believe, support autistic people better. We have published a series of metrics. Our overall objective is to get to that employment rate of 80%, but we do not want just to get the people who are closest to the labour market further towards it—we really want to focus on the people who and places that are furthest away from the labour market. We want to close the disability employment gap overall; that is in our published metrics already.

We have a big focus on reshaping our jobcentres and building a new jobs and careers service. A crucial part of that work is really improving the support that we offer to disabled people. At the moment, we have in jobcentres a group of disability employment advisers who play a leading role in increasing the amount of support that they are able to provide; we are increasing the number of disability employment advisers to help with that.

We then have a range of other programmes that are there to help and support disabled people in general and autistic people specifically. Our ambition is, as Minister Kinnock said, to see the value and contribution of autistic people. I have met Robert Buckland and understood the lessons from his review. We are using those lessons as a starting point to re-engage with employers as we build our new jobs and careers service, with a goal to try to do much better than that terrible rate of 30% employment among autistic people.

Catherine McKinnell: Thank you. I too thank the committee for this opportunity to talk about what we are doing at the Department for Education to improve access to education for autistic children and young people and support their transition into adulthood. We are very much on a mission to break down barriers to opportunity and break the link between background—whatever it might be—and life chances, because we deem it to be unfair and we need to break it down. At the same time,

² Note from witness: Part II of the Adult Psychiatric Morbidity Survey (APMS), which will provide an indication of autism prevalence

we are really focused on building children's and young people's sense of well-being and belonging so that they can really achieve and thrive at school to develop the knowledge, skills and confidence that they need for adult life.

I appreciate that my ministerial colleagues have given quite a lot of detail on the approach during adulthood, but it starts in childhood and our focus is very much there. We want all children to receive the right support at every stage of their childhood and education. The funding we secured in the recent spending review provides a crucial and critical step forward in our plans to support that aim through our school system and deliver really high standards for all children at every stage of their education.

The funding we have secured protects overall school funding in real terms and provides a significant investment into supporting all children with special educational needs and disabilities, particularly within the mainstream education system, where that is the best place for them, as well as, obviously, within specialist settings where that is more appropriate. In the autumn, we will set out in the White Paper more details about our broader approach to the school system and how it will support children and young people who are autistic.

Q171 The Chair: I am very pleased that you have committed to publishing a new strategy; that is very welcome to the committee. I appreciate that you are still working through some of the changes and thinking about it. In terms of your thinking, how will you update the statutory guidance on the Act so that it will reflect the goals of a new autism strategy and any changes in the wider legislative context? Given that this is a very holistic approach that is about children, young adults and adults in the autism community, how regularly do the three of you meet and work together to build that thinking into the autism strategy?

Catherine McKinnell: I absolutely agree that, as a Government, we want to take a holistic approach to this. I genuinely thank the committee for bringing all three of us together in this way. It is really valuable and you make the point very powerfully in doing so.

I have met Minister Kinnock, in particular, numerous times because we work very closely on some of the cross-departmental pilots that we are currently investing in to see how we can support the workforce to support children to get much better outcomes from the earliest stage possible, with early identification of need and early delivery of support. We are working together closely on a lot of workforce opportunities. I am more than happy to set out more detail about some of that cross-departmental working that we have been doing, but the point is well made.

Alison McGovern: It is really important to work across departments, as Minister McKinnell just said. Luckily, from a work and health point of view, when the change of Government happened, I was pleased that the previous Administration had set up a joint work and health team. There is very close working between the DWP and the Department of Health, at both Civil Service level and ministerial level, because the interconnections

between somebody's health and their likelihood of being in work are one of the most important challenges we are dealing with today. We have been working very closely, so I am confident that those relationships are strong, and we all work together through the opportunity mission board.

The Chair: That is fantastic to hear. Obviously, a large number of stakeholders also need to have discussions with you, so one of the key questions, perhaps for Minister Kinnock, is: when you are developing the strategy and talking to your colleagues, how will you involve autistic people and their families, and take into account some of the committee's recommendations? That first part is very important: the committee has heard so many times about the importance of ensuring there is that coproduction and hearing from autistic people.

Stephen Kinnock: We are very conscious of the need to do that. There is absolutely no point in Ministers or civil servants making up policy in the ivory tower of Whitehall or Westminster. That never works. I chaired a round table of stakeholders and advocates in the autism space, I think in December 2024. That really helped to inform some of the thinking.

We have, given the constrained resources, needed to prioritise a lot of the work on the Mental Health Bill, which has been a fairly complex process. It has now cleared its Committee stage in the Commons. We have also prioritised the Oliver McGowan mandatory training. I was very pleased that, on 19 June, we launched the code of practice for that, and I have been working closely with the McGowans on its development. We have also been developing the statutory guidance on Down syndrome.

The reality is, Chair, that we have had to chunk some of our work up because of resource constraints. Now that a lot of that is happening, we will be able to find more bandwidth to focus on the autism strategy. There is also a real need to get a better understanding of the drivers of this increase in demand, because that is such an important part of the strategy. By the autumn, that ongoing work will be in a much better place because we will have the results of the survey that I mentioned³.

The statutory guidance as it stands from 2015 is still live. That is still the statutory guidance that we use and that applies to the system, but I absolutely appreciate that, as and when we change and update the strategy and the plan, we need to look at the statutory guidance in the round to see whether it is fit for purpose.

The Chair: Thank you. We are very pleased to hear that you are working with the McGowan family. Paula McGowan gave very powerful evidence to the committee.

Q172 **Baroness Hodgson of Abinger:** Thank you all very much for coming; it is lovely to see you here. We are deeply interested in your approaches to this. How will the Government enable and incentivise employers to

³ Note from witness: Part II of the Adult Psychiatric Morbidity Survey (APMS), which will provide an indication of autism prevalence

provide autistic job applicants and employees with the support they need?

Alison McGovern: As I mentioned before, we want to be really ambitious and get that employment rate among autistic people up. The Government recognised very early on that we needed to change our relationship with employers, because if we are to influence at all the chances and opportunities for autistic people, we need to use the tools that the Government have in the box to help broker a better relationship between autistic people and employers. Those insights also came out of the Buckland review, so I was very keen to do that.

In the DWP, we have totally changed our approach to working with employers. Only one in six employers was using jobcentres before, and we wanted to go at that and get that number up. We are in touch with more than 100 large employers newly since we have undertaken this new strategy, where we give employers a single point of contact and try to understand their recruitment needs much better so that we can work with them to tailor their recruitment to our customers so that we can help that matching work better. I often hear from our front-line work coaches that, if we can help employers to see the great gains that they could have if they recruited some of our customers, with the particular skills and talents that they have, we can make a much more successful match. So the first thing we did was change our strategy with employers, and that will be built into the new jobs and career service.

The committee will be aware that we have also set up a new expert panel of academics to give us advice. I know that you have taken evidence from Professor Amanda Kirby so I will not cover her work too much, but we want to keep the expert influence as we go forward with building the new jobs and career service. I think you have heard from Sir Charlie Mayfield too about his review. We will also have those learnings to help us to influence how we work with employers better. We want to improve Disability Confident and Access to Work as well. The funding for Access to Work has gone up a lot since the new Government came in but it still needs to be improved. When someone goes into a jobcentre and they need Access to Work, and the work coach has worked with an employer to find a successful match, we still find that Access to Work takes too long. We know we have more work to do there.

The overall approach that we are taking is to try to build a better relationship with employers as DWP from a jobcentre perspective, and try to help to offer a much more personalised service to autistic people and those with disabilities so we can improve the quality of match. We build employers' trust that they can find talent if they recruit with us.

Stephen Kinnock: We in the DHSC support everything that Minister McGovern has just set out. There is no doubt about the strong connection between health outcomes and rewarding employment; that is clear. As I said at the beginning, we believe there is a lot of untapped potential in autistic people in our communities, and everything that Minister McGovern has just set out will help to harness that potential.

Baroness Hodgson of Abinger: Catherine, do you want to come in?

Catherine McKinnell: In the interests of time, I am happy to come in more as we get towards transitions from childhood to adulthood, if that is helpful to the committee.

Q173 **Baroness Hodgson of Abinger:** Will the Government reform the Disability Confident scheme so that it recognises employers with a track record of providing the support that disabled employees require? How will the Government promote initiatives to support employers to recruit and retain autistic people, such as Autistica's neurodiversity employers index? There is no doubt that employers often would prefer to have somebody who was without problems rather than somebody with.

Alison McGovern: We are considering the Disability Confident scheme. There are a range of views about it and I have heard many of them from stakeholders, both in opposition and now coming into government. The truth is that the results we are looking for are to increase the disability employment rate and the autistic employment rate, so we definitely need to do more with schemes like Disability Confident and Access to Work.

The new jobs and career service that we are trying to build is partly about improving the technology that our customers, or citizens, have available to them. We are building "jobcentre in your pocket" to try to give people advice and support 24 hours a day, seven days a week, similar to the way that the NHS app has been developed. We are also thinking about how our front-line work coaches get information and support so that they can help the person who is sat in front of them. We are partly using technology to do that but we are also building a work coach academy so that over time we can improve the quality of training and information that work coaches have. That is where I see the role of things like the Autistica index to be crucial in helping to inform the work that our front-line work coaches do.

My analysis of the problem is that at the moment, if you are any person who walks into a jobcentre, the process is very much the same for everybody. There is a lot of administration to be gone through, there is a lot of box ticking, and it is not very personalised to you. That is what we are trying to change—so that the technology can take more of the administrative strain so that, when someone sits down with a fellow human being to get employment support, the conversation is about them, their barriers and their needs or their skills and talents, so that matching can be made more successful. We want to suck in all the expertise that is in the autistic community to do that.

The Chair: Interestingly, when Sir Charlie Mayfield gave evidence, there were two things that he mentioned. One was the fear of employers, which I am sure you have picked up on, and the other was the lack of understanding of what reasonable adjustments actually mean. Perhaps we can leave that with you.

In the interests of time, given that Minister McGovern has to leave in 10

minutes, I suggest that Baroness Pitkeathley addresses her questions directly to you, then Lord Addington comes in and addresses his questions to you, and then we will come back to the other Ministers, if that is all right with the other Ministers.

Q174 **Baroness Pitkeathley:** Minister McGovern, I appreciate you being here this afternoon. We know you have many other things to contend with. You have already told us a lot about the Government's extensive plans to produce economic activity and to make changes to benefits policy. I would like you to focus on the latter and how they will affect autistic people specifically. In particular, how can we ensure that the right decision is made first time when autistic people are assessed for disability benefits? We know that often that does not happen.

Alison McGovern: Yes, that is really important. If it is okay with the committee, I will not rehearse all the arguments for the changes that we are making because they are implicit in what I have said about our ambitions with employment. In relation to the changes that we are making to PIP and universal credit, the assessments that are made, as the committee will know, are functional; they are largely not conditions based. It should be specific to that individual person and their daily life. I am very bothered at the moment, as a constituency MP, about some of the inconsistencies we see in assessments. We want to record all the assessments to give more confidence and to help us get decisions right first time, and improving the quality of them is very important.

At the moment, severe conditions are passported through the universal credit health element. This is the only aspect where conditions are built into the system that may affect people who have severe autism, and we are currently working on that process to clarify how the severe conditions will be handled in the new system. But for the vast majority of people, the assessments that are made are about their daily life; they are not specific to a condition⁴.

I will add that I know, again from my constituency surgery, how frustrating and often terrifying the system can be for people. We are conscious of trying to have a better relationship with people through the system as we go, hence the recording of assessments and the review that we are undertaking into PIP. The terms of reference either will have just been published or will be published today.

Baroness Pitkeathley: Will that include the changes to Jobcentre Plus that you talked about earlier, in terms of autistic people?

⁴ Note from witness: In this context "passporting" means that, under the current process, severe conditions are considered as part of the Work Capability Assessment (WCA). The WCA is a functional assessment and the Severe Condition Criteria (SCC) is based on functional ability and not condition type. All conditions are included in the SCC if they meet the four criteria. These are: The individual's level of function will always mean they cannot work or prepare for work, the individual's condition will last for the rest of their life, there is no realistic prospect of recovery of function and the condition has been diagnosed by an appropriately qualified healthcare professional in the course of the provision of NHS services.

Alison McGovern: Changes to Jobcentre Plus were set out in our White Paper, *Get Britain Working*, in November 2024. We began the changes to Jobcentre Plus from that point onwards. We have started to implement some of those changes, and they will be rolled out and completed over the next three years.

Q175 **Lord Addington:** Minister McGovern, what is the Government's plan to ensure that autistic young people can experience a positive transition from adulthood, including access to healthcare and the improvement from education to work? What will the Government do to prepare young autistic people more effectively for work, including through access to specialist careers advice and work experience? What will be the Government's rolling, ambitious targets for increasing internships and incentives for apprenticeships?

Alison McGovern: If I may, I shall let Minister McKinnell respond on internships and apprenticeships, although this is an area, through our work on skills overall, that we work very closely together on.

The Government are bringing forward a national youth strategy, which is led by DCMS but the DWP has been working very closely with DCMS colleagues on it because, of the big challenges that young people face, employment and opportunities for the future is a major one. We set out in November our proposals to help young people to find jobs and to tackle youth unemployment in our White Paper that I mentioned, *Get Britain Working*. There are a number of aspects to that.

Within the new jobs and career service, we have specialist work coaches for young people. I hear from them all the time how important it is that we take autism very seriously. Our front-line work coaches have a lot of experience in supporting young people who have had challenges and who have perhaps not had the best experience at school. We are working, through the work coach academy and the development of our jobs and careers service, to help them to have the right tools in the box to offer support.

In addition, we have a number of projects with our mayoral combined authorities whereby they are taking forward new approaches to support young people who are not already in the benefits system but who are not at work and not in school or college. That work is through voluntary and community organisations. Those youth inactivity trailblazers are happening now, and we are getting some early insights from them about how we can improve the quality of support that is there for young people; we will have those insights over the year to come. I am hopeful that, through that, we will be able to build a much more comprehensive strategy for young people, including those with autism, as we go forward over the next months.

I would mention one final point. We currently have a network of youth hubs, which the DWP runs in partnership with local authorities and voluntary and community organisations. These can be drop-in facilities where young people can go, whether they are required to have

appointments on a mandatory basis with the DWP. I hear from the people running those youth hubs for those young people who need a bit more help and support, and our early insights say that it is important to have support for autistic young people. The whole idea of a youth hub is to have employment support, mental health support and then other things like help with housing and homelessness on one site in a way that can help all aspects of a young person's life, if they have experienced challenges up to that point. So, we are currently looking at how we can develop those youth hubs as well.

Lord Addington: If you are dealing with this system, there is a lot of talk about disability support, but it is specialist support that is actually required. Autism is not having a problem with your knees; you have to get somebody who actually knows the specifics. Have you discovered specific pathways for getting youth involvement there for people who are autistic? They might be people who find group activities very challenging, et cetera, so I wondered whether you have had a look at that.

Alison McGovern: The evidence that we have largely comes through our look at employment support, showing what forms of employment support are particularly successful with different groups of people. Connect to Work is a programme that uses an intensive personal support model that offers one-to-one support before somebody starts a job and then while they are in work to make sure that that job is sustainable. I would happily provide the evidence that we have to the committee. The reason why that sort of support is more successful than the generalist employment support that you mention is because it can be specific and tailored to that person. Through Connect to Work, we are increasing the volume of that support that is available.

Lord Addington: The other question was about the interaction and identification. If you could provide us with information on that, it would be extremely interesting. So many people are not identified—it is about getting the right people. That is a big question, so if you have some work on that it would be very helpful.

Q176 **The Chair:** Could I just build on your last point? This will be the last question, as I appreciate that you have to go. What are the Government doing to encourage employers really to use that reasonable adjustments agenda that Sir Charlie Mayfield has focused on so much, because that is absolutely key to this employment piece?

Alison McGovern: I look forward to Sir Charlie's recommendations. I hope that he will be able to help us to see what will really help us go further. In the immediacy of trying to get employers to engage and see what the opportunities are if they work with us, the most important thing is that they have a single point of contact and that we can help employers really understand their recruitment process and what the opportunities are if they are looking for staff to shape their roles in a way that can include people. That is where both reasonable adjustments and

access to work can be a very important element in making sure that we successfully employ autistic people.

The Chair: Thank you. We are really grateful for your time. We really appreciate it. Perhaps I could ask Minister McKinnell to come on to the transition and apprenticeship piece.

Catherine McKinnell: I would be delighted to. This is a key issue and one that we are very focused on. At the earliest point in education, it is about supporting children and young people to develop independence and then, as they move into later years of their education, skills and employability as well. We know how life-transforming that can be for children and young people with special educational needs and disabilities.

We think that the transition needs to start early, and it needs also to focus on the young person themselves and their aspirations and needs, making sure that we have a workforce that has a deeper understanding of and an ability to tap into what a young person's aspirations and needs are, and what support they might need to realise them. For those with education, health and care plans, the review should start from year 9 onwards in focusing on preparation for adulthood, whether that is higher education, employment or independent living—it is about participating in society in a very healthy way. I am sure that Minister Kinnock will come on to the health aspect of it.

Minister McGovern mentioned supported internships, and we are continuing to support the programme. We funded it with an additional £12 million up to March 2026. It has been a really successful programme, delivered through the Internships Work consortium. I have met quite a few of the interns myself, and I have seen the difference that it makes to them and their families to have these opportunities. You can see that the employment opportunities that have come from it are truly life-transforming for the young people.

There is also support and funding for local authorities to sustain their SEND employment forums, so that we have good employer engagement and training for job coaches. We want to double the number of supported internships to 4,500 per year through this current programme⁵. We are also supporting the expansion of this to young people who do not have ECHPs because we want to make sure that, whatever a child or young person's needs, the system responds to those needs and will support them to transition into sustained paid employment.

We have established the youth guarantee to guarantee access to training and apprenticeship support, in order to make sure that no young person is excluded from the workplace from a young age. We are also transforming the apprenticeship offer: we have new foundation

⁵ Note from witness: Indicative data suggest that the DfE reached its target of doubling the number of supported internships to 4,500 per year by March 2025, and our continued support will enable areas to sustain this number in the 2025-26 academic year.

apprenticeships for young people, particularly in targeted sectors, which provide much greater flexibility and open up more opportunities for young people to access the workplace in a way that perhaps was not available before.

We are very focused on careers guidance as well. We have a guarantee of two weeks' work experience for young people, and we have the Careers & Enterprise Company connecting schools and businesses. Obviously, all of that must include children with special educational needs and disabilities to make sure that no young person misses out on those opportunities.

Q177 Lord Addington: You touched on something incredibly important: those who do not have the EHCP. The best thing about the EHCP is that it goes on until 25. For somebody who is on the record as not being a fan, how are you going to bring them into a regime that goes on with this? With things like autism, the correct careers advice even to get you into the right room is incredibly important. Do you have any idea of what would be a good strategy to cross over these things, where you tend to need a label on the back of your neck to gain access?

Catherine McKinnell: We are absolutely committed to providing an education system that does not rely on diagnosis to get the support and access to support that every young person should have. I mentioned the youth guarantee, which is for all 18 to 21 year-olds; that would include young people with special educational needs and disabilities, whether they have an EHCP or not.

In terms of the general system, we will set out our White Paper in the autumn, and there will be more details on how the system will work in practice in it—but, obviously, I take on board what you say as an important factor.

Lord Addington: It is just that, if you are not going through the incredibly slow and expensive process of getting an EHCP but you are suspected of being on the autism spectrum at a meaningful level—let us ignore the correct terminology of today—do you have a vision of a system that gives an identification below that of a diagnosis to put you on to that pathway?

Catherine McKinnell: As I said, we are very keen to test supported internships, which have been incredibly successful so far, but we also very keen to pilot them for children who do not have an EHCP. We are working through how we can make sure that every child's needs are identified and that, regardless of whether they have an EHCP, those needs are met. Obviously, the details will be set out in the White Paper in the autumn, but I absolutely take on board the challenge. I think that it is also an opportunity to make sure that all of this really positive work has the maximum reach for the maximum number of young people, regardless of any special educational needs or disabilities.

Lord Addington: So it is a recognised problem and you are working on a series of solutions.

Catherine McKinnell: Yes. We are looking to make sure that every child has a good transition, regardless of what their educational needs might be, because we recognise that that is key to breaking down the barriers to opportunity. Obviously, accessing a good transition from school through to the workplace is one of those barriers that we really need to address, but we think that it starts much earlier in the education system; we are going to come on to that a little later, I think.

Q178 **The Chair:** We are going to come on to that. We have heard quite a lot of evidence that the supported internships are great—a lot of people have really responded well to them—but also that they are few and far between and are very difficult to find. Have you considered working with employers on creating a special portal where autistic people could go to understand where those supported internships are on a nationwide basis?

Catherine McKinnell: Yes. We are absolutely keen that they have the furthest reach possible. Obviously, it is a limited pot of funding at the moment, but that does not stop us working with local authorities and local authorities working with local businesses. Building up those networks and making sure that we create those opportunities are important parts of what we want to achieve.

The Chair: Minister Kinnock, do you want to add anything?

Stephen Kinnock: I want to add just a couple of things. One is that, in terms of the transition, it is vital that there is continuity of care. Minister McKinnell mentioned the work that we have been doing together around SEND, but another important piece of work that our officials are working on is this question of transition—that is, how to ensure that that transition into adult social care works. So much of that is about upstream communication and it being really person-centric, rather than the system having two silos that do not talk to each other. We are looking at how we can break down some of the barriers that exist, frankly, between the two services.

On the transition assessment, it is of course up to local authorities to identify where support may be needed. Our job is, through the developing strategy, to do exactly as Minister McKinnell said: to have the ethos that it is about the right person getting the right support at the right time. That does not always mean a medical diagnosis; it means having a range of other types of support, as appropriate, so that things are needs-based rather than having a one-size-fits-all approach. Those are the other points that I wanted to add on the care side of this equation.

The Chair: Thank you. We are going to come to Lord Hope now for a question about responsibility and implementation.

Q179 **Lord Hope of Craighead:** This is a matter that you touched on in your introduction, Minister Kinnock. Will you produce, for an updated government autism strategy, an implementation plan that sets out who will be responsible for delivering the actions in the strategy, how they will

be funded and how success will be measured? Those are the three particular points that we are interested in.

Stephen Kinnock: Thank you very much for that question. It is clear that we need to produce a strategy because, if we do not, there will be a vacuum. We in the DHSC, working with colleagues in the DfE and the DWP, need to ensure that it is a holistic strategy. It absolutely must be based on an implementation plan, which we will, as you say, deliver.

It also needs to be grounded in the Budget. All of those questions are being worked out now. In the DHSC, we have received our overall financial envelope through the spending review, but there is now a lot of discussion going on—some of it quite robust, I might add—between portfolios within the DHSC to agree the final allocations. That is going to be an important part of determining our strategy in this space.

It is going to be really important that this is evidence-based. One of the most striking statistics that I have come across since I took up this position a year ago is that, between April 2019 and March 2025, the number of people with an open referral for suspected autism increased twelvefold from 17,411 to 224,382. I have that statistic up in headlights in terms of my thinking about how we should be operating in this area. The strategy and the plan must look at that, but they must also understand what the drivers are.

It should be warmly welcomed that there has been a destigmatisation around autism and ADHD; that is absolutely to be welcomed. What we now have to do is figure out how to configure the system so that it is able to deal with this massive increase in the demand for assessments and with the fact that consciousness of these things is catching up with prevalence. I agree absolutely with your point that we need to have a strategy and a plan, but we also have to recognise that the landscape has changed dramatically over the past five or six years. I really do not think that the system has caught up with this new reality.

Lord Hope of Craighead: I think we all appreciate the point you just made, but there is a question about implementation. That requires identification of responsibility—who is responsible for the various steps to be taken—and how success is to be measured, so that, as time goes on, you can see whether your plan is actually achieving its object. Could you say a little bit more about that?

Stephen Kinnock: This Government are firmly committed to devolution. I do not know whether the days when a person in Whitehall could pull a lever and things would just happen across the country ever really existed, but it is not the way to do things. We do not believe in micromanaging things from the centre, so we are keen to ensure that ICBs and local authorities are empowered to do what is best for them. They know their communities best. They know their cohorts of patients better than we can ever know them from the centre.

One of the principles of our implementation plan will be devolution, but we have to agree key performance indicators and desired outcomes with those operating at the coalface. That goes to your question about what those should be. This is not formalised at all because it is a work in progress, but if you were to ask me right now what I think the measures of success and performance should be, one would be about demand management—how do we start to flatten the curve of demand in a way that ensures people get the support that they need at all ages, right through every cohort—because that statistic I read out should ring very large alarm bells for our entire system.

The second is about whether we are getting people into the settings that they should be in. Far too many autistic people are in mental health settings that are not appropriate for them. I strongly welcome the change we will bring forward through the Mental Health Bill so that you can be detained in a mental health setting only if you have a co-occurring mental health condition; you cannot be detained just if your condition is autism⁶. That will help us, but that is one of the other key indicators.

The other is the health outcomes indicator: are we bearing down on all the health outcomes indicators that are going in the wrong direction for autistic people? That is particularly around things such as their broader physical health and, tragically, suicide rates. Those are the three buckets of measurables that I think would be at the heart of any strategy and plan.

Lord Hope of Craighead: Minister McKinnell, do you have anything to add on that general question?

Catherine McKinnell: Probably less so on implementation because, clearly, the 2009 Act applies to adults. Through the school system, we are working very hard to drive early identification of need to make sure that effective support is in place; that we have high-quality teaching; that teachers are trained to meet a whole variety and range of needs and, in respect of this discussion, to understand autism; and that resources are allocated as effectively as possible so that we can get the outcomes that we want. Clearly, we need to work very closely with partners in health, in local authorities and, when it comes to transition, in the Department for Work and Pensions and, as you rightly point out, in the business, trade and industry department to make sure that, at every stage, we deliver the maximum outcomes. I am more than happy to talk about accountability from the schools perspective, if that would be helpful.

Lord Hope of Craighead: We have a later question on that. There is a supplementary question that I would like to ask: will you enable representatives of autistic people and their families to hold Ministers to account for progress against the updated strategy? For example, could

⁶ Note from witness: The Mental Health Bill makes amendments to the Mental Health Act so that people with a learning disability and autistic people can only be detained under Part 2, section 3 if they also have a psychiatric disorder that requires hospital treatment. A psychiatric disorder is a mental disorder other than learning disability or autism.

there be an oversight board, with autistic people and their families represented on it? Is that something you might be willing to consider?

Stephen Kinnock: I would certainly welcome direct engagement with precisely the stakeholders that you outlined. It will be doomed to fail if we try to develop policy in the ivory tower of Whitehall or Westminster. Whatever the precise mechanism, whether it is an oversight board or a reference group, we absolutely must ensure that we co-produce the strategy with those with lived experience.

Lord Hope of Craighead: Does that apply to you too?

Catherine McKinnell: Yes. We are in regular engagement with parent forums, with children forums and with the sector. We feel absolutely that if we are to transform the system, which we need to do, we need to reform it—I think there is widespread acceptance that it is not working as it should—then we need clear engagement with those who are experiencing the system as it is in their own lives. We have regular engagement as a department with a whole range of forums. We really value the input into the work that we are trying to do. It is ongoing as we develop the White Paper.

Lord Hope of Craighead: That is exactly the point: it is engagement with those living with the experience so that you really understand their problems and they can measure up with the plan that you are trying to put into effect. Thank you.

Q180 **Baroness Hodgson of Abinger:** I absolutely agree with you, Minister Kinnock: the figures are absolutely shocking for the rise. Will you look into this in any depth? If so, will you consider birth experience? There have been a number of absolutely catastrophic failures in maternity units. Although we have the statistics of babies who die, the babies who have a very difficult birth are not tracked in the same way, nor whether there is any connection between this and traumatised mothers afterwards. A lot of women suffer from PTSD, which can affect their bonding in the early weeks and months.

Stephen Kinnock: We have to approach this as every person having their own story. Autism is understood as a spectrum: the causes and the position people are in in their lives varies from person to person. We have to ensure, when we look at the data, that we do not just think, "This is a spreadsheet", and have a monolithic definition of autism as it manifests itself. It is much more about understanding individual stories and backgrounds. The way we approach it has to be based on the principle of giving people the right support in the right place at the right time. That does not always mean having a one-size-fits-all approach. The cases you mentioned are clearly important. I do not know what the prevalence of that is in terms of the overall numbers I just mentioned and how many are connected to the issue that you raised, but we would certainly need to look into that.

Q181 **Baroness Browning:** Thank you so much for coming along this

afternoon and for the answers you are giving us. We really appreciate it. Baroness Pitkeathley took the Autism Bill through the House of Lords in 2009, and I was involved in taking it through the Commons. One of the things in it that we thought was very strong, because it is a tiny little Act of Parliament, was the part that says that local authorities and NHS bodies must follow statutory guidance to the Autism Act unless they have good reason not to do so. If they do not follow the guidance and cannot provide good reason, they may be liable to judicial review or to action by the Secretary of State.

What is your understanding of the Secretary of State's power to take action under the Act? Clearly, it has not all been sweetness and light since 2009. We have heard in our evidence some really quite harrowing examples of where it does not work. We also know that the Secretary of State has never taken any action as outlined in the Act. Why is that? Is there any process for assessing whether local authorities and NHS bodies are following the statutory guidance? If not, why not?

Stephen Kinnock: Those are important questions. I am in no doubt that local bodies are under a legal duty to follow⁷ the statutory guidance. That is very clear and is not contestable from a legal point of view. Every ICB has to have an executive board member who is responsible for policy and implementation in this area, and of course we have the CQC, so we have levers at our disposal to ensure that the spirit and indeed letter of the law are being respected and delivered. The Secretary of State has the right to deploy a judicial review if that is needed, and private individuals can also bring judicial review. I am not a lawyer, but that feels relatively robust.

However, from what you are saying, there seems to be a gap between our ability to ensure that the system is working and then following up, enforcing and having enough accountability. A lot of that is to do with culture. I hope that our decision to abolish NHS England, to have less duplication and bureaucracy and to have clearer lines of accountability—once this has happened, and Jim Mackey is leading on the transformation for this, there will be a very clear line of accountability from the Secretary of state to Ministers through to the system—will make it easier to identify areas where performance is not where it should be, take the necessary action and hold the system to account. But the Secretary of State reserves the right to take that legal action and bring a judicial review if he sees fit.

Baroness Browning: I just worry that in 15 years no Secretary of State has ever exercised that power in the Act, yet, particularly if we look at the NHS and some of the cases that you have mentioned today, there have been some pretty serious problems where one can see that, as far as the strategy is concerned, people have not been held accountable. The Secretary of State held the power to do that but did not exercise it. I do not want to encourage you to make a commitment because I know you cannot, but perhaps in a new strategy the accountability of that strategy

⁷ Note from witness: Under the Autism Act 2009, local authorities and NHS bodies are under a legal duty to act under the associated autism statutory guidance.

could be given more prominence.

One last point: the Scottish Government have consulted on proposals to set up an independent commissioner for autism, learning disability and neurodivergence. What in your view would be the benefits or drawbacks of such a body?

Stephen Kinnock: I am not familiar with the detail of that, but anything we can do to ensure that the gap between rhetoric and reality is closed has to be a good thing. The CQC is an important part of this story. Its performance in recent years has been well below where it needed to be, but the Secretary of State has taken action on that and the CQC is now under new leadership and management, and we are starting to see a better approach in terms of holding the system to account. A lot of this is about smart and effective regulation, and the CQC is the regulator in terms of ensuring particularly that local authorities are delivering on their statutory duties and responsibilities under Part 1 of the Care Act 2014.

I am not familiar enough with what the Scottish Government have set up to know whether that might be working, but we are in a phase where we need to get good ideas. No one has a monopoly on good ideas, and we are keen to look at the way that the system is working and to be radical in the way that we rethink it, and accountability is a vital part of that.

Baroness Browning: What if Scotland introduces a commissioner? We have taken evidence from the CQC, which has interests in some of the mental health hospitals in terms of living conditions in places like Winterbourne View. Over the years we have the same debate over and over again in both Chambers when things do not improve and people with autism and learning disabilities fall through the net in a very big way. The CQC can only inspect every so often, every few years. It is only when it picks up something that it starts to really focus in. I wonder if Scotland will find that a commissioner would be more helpful in having a much better focused overview all the time, not just when there is a CQC visit. That might be a way of improving accountability.

Stephen Kinnock: There is clearly a case for getting more focus into the system. The question when you create a new body is always whether you are potentially just adding an extra layer of bureaucracy and decision-making that can potentially slow things down and blur the lines of accountability. We would have to look at that very carefully if we were going to create a new body. It would be interesting to see what the Scottish Government's rationale is. I assume that they have also thought that through and said, "Well, you know, there's clearly a need and a space and it will complement what is already happening rather than overlap it or negate it in some ways". The key thing is to make sure that you do not have unintended consequences when you set up a new a new body. But the principle of what you have outlined makes a lot of sense.

Q182 **Baroness Ritchie of Downpatrick:** In 2021, the Government's autism strategy cited an estimate that 1% of the population is autistic. Diagnosis rates are now much higher than that in younger people but much lower in

older people. What will the Government do to understand the needs of all autistic people across different demographic groups, diagnosed and undiagnosed, and plan services to meet their needs, both now and for the future, and will that be considered as part of the new strategy?

Stephen Kinnock: You are absolutely right to highlight this diversion between cohorts. It really is quite striking that the prevalence in older cohorts is far less than in younger cohorts. I am happy to hand over to Minister McKinnell to talk about the younger cohorts and what is going on there. The fundamental answer to your question is that we do not really know. We do not have compelling evidence to tell us why this is happening. Why has this almost exponential increase in demand for assessments taken place since 2019? It has been a slightly longer trend than that, but certainly the curve has gone up since 2019. Without being confident in the data, I am reluctant to get into too much theorising about why it is happening.

Still, it is clear that we need to get to the bottom of it. We have launched a survey of ICBs, communities and cohorts, which will be reporting back in the autumn, and I hope that will help us to get a better understanding of these diverse needs⁸. We will continue to review and get a better sense of why this is happening. Once we have that, we can begin to shape a strategy accordingly. I am very keen for us to be evidence based and data based, which is why I will have to reserve judgment for a while before coming forward with a clearer answer.

Baroness Ritchie of Downpatrick: Well, obviously we would welcome developments in that area. Minister McKinnell, could you concentrate on the younger cohort?

Catherine McKinnell: From an education perspective, we approach this from the perspective that it is currently set out in the Children and Families Act 2014 that mainstream schools must use their best endeavours to make sure that any child with special educational needs gets the special educational provision that they need. The key issue is that meeting the needs of a child or young person with additional or special educational needs does not require a diagnostic label or test. We expect teachers to monitor the progress of all children and young people and to put in place whatever support is needed to help them achieve their outcomes.

We recognise that the most common type of need specified in education, health and care plans is autism, but we are focused on building a strong evidence base of what works to deliver inclusive practices within mainstream education. We have commissioned evidence reviews from

⁸ Note from witness: The survey being referred to is Part II of the Adult Psychiatric Morbidity Survey (APMS), which will provide an indication of autism prevalence, although will not consider potential explanations for increases in demand for autism assessments. The survey is not based on integrated care boards but on a large sample of the general population (aged 16 years and over) living in residential households. Initial interviews are carried out using standardised questionnaire and screening tools, followed by a more detailed assessment conducted by clinicians for a subset of participants.

University College London which will highlight the best available evidence we have and the most effective tools, strategies and approaches for teachers and other school staff to identify the support that children need at the earliest opportunity and make sure that those needs are met.

We also have an inclusion expert advisory group, chaired by Tom Rees, which is gathering insights from teachers, school leaders and education providers, and identifying the best practice. Some fantastic practice is already happening in schools that provide outstanding inclusive education, so we want to gather all that best practice and take a very evidence-based approach to what works to unlock learning for children.

We also have the Neurodivergence Task and Finish Group, chaired by Karen Guldberg from Birmingham University, which will give recommendations on how to best meet the needs of neurodivergent children in mainstream settings. There is a significant amount of work going on, and more besides on how we meet the needs of children, regardless of any diagnosis. Their needs must be identified in the context of their educational needs and how they are best met, ideally within a mainstream, inclusive education setting.

Stephen Kinnock: I meant to say more about the system regarding adults—well, not only adults. Regardless of the fact that we do not have a clear and compelling story to tell about why this is happening across the board, we are very committed to ensuring that healthcare professionals are properly aware of, understand and are trained in these matters. That is why I am very pleased that we have launched the Oliver McGowan mandatory training and that 3 million people have taken the e-learning package. It has pretty extensive coverage across health and care professionals.

In response to your question, which was about looking to the future, I also want to make it clear that, while we get the evidence base and understand the data, we are not sitting on our hands; we are also trying to enhance awareness and understanding of the issue through the population of health and care professionals.

Q183 Baroness Ritchie of Downpatrick: I have a couple more supplementaries. Across government, Minister Kinnock, what is your analysis of the reasons why increasing numbers of people are seeking help with autism-related needs, and what is your plan to address that? Also, you referred earlier to a survey to inform the new autism strategy and understand the drivers of diagnosis rates. Could you elaborate on what that survey entails, who is involved and its timeframe?

Stephen Kinnock: On the first question, the challenge is around not fully understanding why this is happening. There is clearly something happening in society that is leading to a heightened awareness of autism as a fact in our population, where there simply were not those levels of awareness. There are all sorts of reasons for that. It absolutely should be welcomed, because it is right that it has been destigmatised. There was profound misunderstanding and misinformation about autism.

Thinking back to my days in school, there is no doubt at all that my peers and I were just not aware. When I was a kid in school, nobody was talking about this, and now they are. When I look at my children's generation and that of my nieces and nephews, I see that awareness levels are far higher. As a result of that, there is greater prevalence because the more people are aware of the issue, the more it gets talked and thought about and the more it then gets referred to the system. That would be my very unscientific and anecdotal personal opinion of one of the things that is driving this. Of course, we need far more scientific understanding than just the anecdotal.

On what we are doing about it, this defines across the board what this Government are seeking to achieve, which is to build a more inclusive society. As we develop it, our strategy will be based on that fundamental principle: how do we harness the huge potential of this group of people who are autistic? How do we maximise the opportunity that it offers to us as a society? The skills and unique talents of this group of people should not be underestimated. It is a huge opportunity in both the school and the work setting and in our communities.

We will develop what you might call a strategy that is driven by an ethos of mainstreaming—for want of a better word. We will seek to ensure that there is no silo for autistic people over here, while the rest of society are over there. Quite the opposite—it is about integrating and everybody benefiting from that diversity.

Baroness Ritchie of Downpatrick: What about your survey?

Stephen Kinnock: The survey is being developed and is based on surveying health and care professionals and the people working in this space, including the specialists, and we will look to engage with people who have lived experience⁹. If it is okay with the committee, I would be happy to write with more detail.

Baroness Ritchie of Downpatrick: It would be great if you could write to the Chair.

The Chair: That would be very kind, thank you. We would be very interested to hear the detail of it. We have five more questions, and, as I am very conscious that we want to finish on time, I will allocate 10 minutes each to the final five questions.

Q184 **Lord Elliott of Mickle Fell:** Thank you for your very comprehensive answers today. I would like to turn to public understanding and acceptance of autism. What will the Government do to improve public

⁹ Note from witness: The survey being referred to is Part II of the Adult Psychiatric Morbidity Survey (APMS), which will provide an indication of autism prevalence. The survey is not based on health and care professionals but on a large sample of the general population (aged 16 years and over) living in residential households. Initial interviews are carried out using standardised questionnaire and screening tools, followed by a more detailed assessment conducted by clinicians for a subset of participants. Fieldwork was carried out between March 2023 and July 2024.

understanding of autistic people and to measure progress against this goal, by polling, for example?

Catherine McKinnell: I shall give Minister Kinnock a short break. He has referred to quite a bit of this already. I absolutely agree that improving public understanding is clearly important. The work that we are doing in the school system to foster that understanding in children and young people is vital, because we are setting them up for a life of having a better understanding of difference. That is fundamentally what we try to instil in children: to have respectful environments, to understand differences between people and, as a result, to have the same or even more respect.

We are investing in schools to help create inclusive environments. Sometimes that can come down to the infrastructure of a school, so we have allocated capital funding specifically to create more inclusive mainstream environments. If that means adapting a classroom to be more accessible for children who may have special educational needs or disabilities, creating additional facilities within mainstream schools or creating additional space that might be needed to deliver some alternative provision if that is needed, we want to make sure that schools have that resource. That capital funding is already allocated, and local authorities are working with schools to identify how we can best expand inclusive environments within the mainstream school estate.

We have also changed the initial teacher training and early career framework to include significantly more content on adaptive teaching and special educational needs, so that all teachers understand, can recognise and know how to address different needs as they are presented. That will be implemented from September, so all new teachers going through their training will have additional SEND training as part of that.

Then we have the relationships and health education or sex and health education curriculum in secondary, in which pupils are taught to understand a whole range of diversities within society. They are taught to respect others, and about stereotypes—how they can be unfair, negative and destructive. The guidance is currently under review; it will be published shortly, and it will be a really important way in which schools can foster a sense of inclusivity.

As I mentioned earlier on engaging with young people, we have worked with FLARE, which stands for Friendship, Learning, Achieve, Reach and Empower, which is a young people's group hosted by the Council for Disabled Children. I have had some incredibly powerful meetings with them, where I have heard directly from them about their experiences of school, how they would like to see the school system become more inclusive and what changes might be needed. So we have been led by disabled young people on many of these issues.

Finally, I wanted to flag Inclusion 2028, which is a grant of up to £300,000 a year for three years, given to the Youth Sport Trust to train any schools that want it—it is done on a regionalised basis—on how to

provide inclusive sport and PE. We recognise that that is a fantastic goal but it needs support to achieve it. In each region, we have a lead inclusion school that knows how to deliver really good inclusive PE and sport. That is just one example. We have a music pilot hub as well, aimed at making sure that all these enrichment activities, along with the academic education within school, are also inclusive, that schools are empowered to deliver them and that the support is there for them to do so.

Lord Elliott of Mickle Fell: Minister Kinnock, perhaps we could just home in on the measurement of progress. You talked a little bit about the survey, and it is really good that you are looking at talking to specialists and people with lived experience. Might you also consider doing some more general public polling to measure more general public attitudes overall about autistic people?

Stephen Kinnock: We are certainly open to that. It is a complex concept to measure because we need to define what we mean by “understanding” then work out how to measure that understanding. The first step would have to be to consult stakeholders on what that would look like and what would work.

There is a bit of a paradox here, in that awareness has increased massively but understanding has not. How do we close that gap between awareness and understanding of the issue? The honest answer to your question is that we have not figured that out. Polling is absolutely an instrument that we could look at, but we have to make sure that the questions in there are really going to get us useful answers. As it is quite a complex and potentially quite a subjective concept of understanding autism, we need to ensure that our research is robust, and the best way in which to do that would be to consult the stakeholders first.

Lord Elliott of Mickle Fell: Some autistic witnesses have told us about the damaging effect on public understanding of comments made by the Health Secretary about overdiagnosis. It must be said that similar comments have been made by politicians from all parties; it is not a party-political point. How will you ensure that the Government promote understanding of autistic people and tackle the stigma that they face?

Stephen Kinnock: I cannot speak directly here for the Secretary of State for Health, but I know that he is very focused on ensuring that people get the right support at the right time in the right place. What he was saying—you might be referring to his comments on the Laura Kuenssberg show—was that it should be warmly welcomed that the stigma around autism and other things such as ADHD, as well as mental health issues such as anxiety, depression and PTSD, is evaporating. That is a very good thing. It is also clear that there are people who have severe and acute challenges because of their condition, and it is absolutely right that they receive a clinical diagnosis, and often that means medical assistance. Of course, medical assistance is not a factor for autism, but it is for ADHD; there is medication in that case, but not for autism.

The point that the Secretary of State was also making is that it is not always the right thing to do: it is not always right to have that clinical, medicalised approach, particularly given everything that we have been saying in this session about the need to embrace the diversity that people bring and to see it not at all as a problem to be solved but rather as an opportunity to be harnessed. The point that the Secretary of State was putting across was that diagnosis and a medicalised approach is absolutely right for some, but not for all, so let us make sure that we move the pendulum a bit to ensure that it is not just a one-size-fits-all approach but much more about understanding, in a more person-centric way, what is right and best for that person, which will not always be a diagnosis.

Q185 Baroness Goudie: Thank you both for coming. What action and funding would be needed to ensure that everyone referred can access a high-quality autism assessment on the National Health Service within the recommended 13 weeks? What action do the Government plan to take?

Stephen Kinnock: I think there are two questions here. One is about demand and the other is about the capacity of the system. In my opinion, there is no doubt that, as things stand, the capacity of the system will never catch up with the exponentially rising demand. That leads us inexorably to the conclusion that we have to do something about demand—while, of course, bolstering the capacity of the system to the greatest extent that we can, but, in my opinion, we will never get enough capacity in the system until we deal with the issue of exponentially rising demand.

That is where there is a win-win in this: it is the right thing to do, to give people support that is not necessarily about getting an assessment but about early identification of need, early intervention and early support—the earlier the better, in the cohort that Minister McKinnell is most focused on, with children and young people. If you get that right, you begin to see the demand curve flatten out. Demand and capacity start to balance, and you then get better-quality outcomes for the people who really need it, in terms of the assessment and diagnosis that is there. So there is a win-win here, in that this is the right thing to do from the point of view of actually embracing the opportunity that this offers to society. It is also the right thing to do in terms of dealing with the fact that the system is on its knees, cracking and in serious danger of never getting to the point where we want to be, which is giving people assessments within 13 weeks.

Q186 Baroness Goudie: What will the Government do to develop and roll out evidence-based models for more autistic children and adults to access timely identification and support? In that, I include if they do not have a formal diagnosis. How can we assist at that point? There is more support in some parts of the country than in others, and that is also difficult.

Catherine McKinnell: It is a really important point that you raise. Early identification and intervention on the basis of the needs that have been identified are critical to improve the outcomes of children and young

people with a special educational need or a disability. That is what we are very much focused on as a department.

We are very keen to move away from the current reliance on labels, plans and diagnoses before support materialises. We need to take a "support first" approach, intervene at the earliest possible stage and have the tools that we know exist. We are being led by experts here in terms of how to assess children's and young people's learning developments then apply evidence-based approaches to support them with their learning needs.

We know that many settings already have this and are doing it incredibly well. We want to build on all that best practice. We want to keep investing in the research because there is always room to develop new approaches. We want to support settings in every way possible. This could be through capital funding. If there is a structural issue in the building preventing interventions taking place, we want to support them with that.

We have also launched a tech library recently to make sure that, if there is an assistive technological solution or input for a child in the school to support them with their learning needs, schools feel that they can trial before they buy in order to make sure that they are getting the best of all the support that is available.

We have the What Works in SEND research programme, which is run by the University of Warwick and supported by SEND academics at the University of Birmingham. They are researching all of the tools¹⁰ and means by which neurodivergent children and young people can best be supported in schools.

The evidence is very clear that not waiting to give support but getting it in at the earliest opportunity reduces the rising of need because it is met very early. It also reduces the need to go on and fight for an education, which no child or their family should have to do.

The Chair: Thank you. I have a quick supplementary from Lord Addington. We still have quite a few more questions to go through.

Q187 **Lord Addington:** I will be quick. Have either of the Ministers' departments looked at the process of making sure that the person with autism knows about good coping strategies? If the person themselves knows that there are certain things they will do well and certain things they will not, as well as about situations that they should avoid and places where they will thrive, you will be helping. I just wondered whether you have programmes that are identifying this, which is very key, in place.

Stephen Kinnock: I would not want to endorse a particular model but I am aware of some of the work that they are doing in Stockport and

¹⁰ Note from witness: What Works in SEND are researching tools that schools can use to identify the needs of neurodivergent children.

Hertfordshire around early identification of need, moving away from clinical pathways and getting better integration between community services and mental health services. I know that, in those cases, work around coping mechanisms has absolutely been a factor. There seem to be pockets around the country where services are being transformed. Although I do not want to endorse a particular model, as I say, it is encouraging to see what is happening in Stockport and Hertfordshire.

Q188 Lord Crisp: Thanks to the two Ministers for spending so much time with us today. What will the Government's priorities be to reduce health inequalities for autistic people in the new NHS 10-year plan? I know that it is not yet published.

Stephen Kinnock: The 10-year plan¹¹ will be founded on three shifts: from hospital to community; from sickness to prevention; and from analogue to digital. Autistic people will be at the heart of all three of those shifts. Everything we have discussed today speaks to the shift, particularly in early intervention, which is almost synonymous with the prevention agenda. The Secretary of State and I are very conscious of the rapidly increasing levels of demand for assessment, which is something that needs to be addressed through these three shifts.

In terms of the broad thrust of your question, autistic people will be at the heart of all three of those changes. We then have to make sure that we evaluate the implementation of the 10-year plan based on the cohorts, looking in particular at, first, what we are doing to flatten the demand curve; and, secondly, what we are doing to make sure that autistic people are being treated in the right settings. Sorry—"treated" is not the right word at all. What are we doing to make sure that they are not being placed in inappropriate settings? That is a major driver of the work we want to do.

Thirdly, there is broader work around health outcomes. Are the three shifts we are delivering having the benefit that we want them to have? In the end, that is all that really counts—that we are improving health and well-being and ensuring that autistic people are able to live fulfilling and rewarding lives.

Lord Crisp: I understand the broad "big picture" that you have just presented but, clearly, there is a great deal of detail in making that operational. Can I ask two specific questions? Once NHS England is brought into the Department of Health and Social Care, will the national autism team continue to oversee work to improve NHS services for autistic people? I know that the Minister will understand very well the importance of continuity; some people understand this agenda and what needs to be done, but some have to learn it. Can you give us any comfort that there will be a continuation of the expertise or the expert group that is there now?

¹¹ Note from witness: Subsequently published 3rd July 2025: 10 Year Health Plan for England: fit for the future - GOV.UK

Stephen Kinnock: Jim Mackey is leading on the transformation programme around the abolition of NHS England and the role of the Department of Health and Social Care. He is also working on the transformation and restructuring of the ICBs. I would not be making good friends with Jim if I were to pre-empt the work that he is doing, but I know that he will be absolutely aware and very conscious of the challenges that we face in this area—and of the tremendous expertise of our officials who work in this area, both in the DHSC and NHS England. Of course, we are very keen to retain the expertise and experience that we have in the team and to have that continuity. There is a huge amount of change happening in the system. The 10-year plan will in some ways put turbochargers on that change, if you like. We also want to ensure that we have the right team and expertise in place to deliver it.

Lord Crisp: Let me ask you another question, then, about that churn; I understand that you probably cannot answer it in any detail. What will the Government do to ensure that integrated care boards and NHS bodies have the support that they need to prioritise access to healthcare for autistic people and are held accountable for it? I think that, in an earlier response, you said that each integrated care board has somebody with a responsibility for autism, although they often carry it with several other responsibilities so they have to prioritise their own time as well.

I am also aware—at least, I believe—that these integrated care boards have been told to reduce their staffing by 60%. I suppose that I am flagging this up to highlight the importance of maintaining some continuity on autism during this change. Do you have any comment about how you think that will work or how you will manage to maintain that priority, despite a reduction in funding and the churn that comes with this level of change?

Stephen Kinnock: We are very committed to driving up productivity across the whole health and care system. Productivity has been falling right across the public sector, frankly, which has been a major problem. It can be massively improved through the better use of technology, as well as through more focused leadership and clearer lines of accountability.

The decisions that have been taken around NHS England and the ICBs can and should lead to improved productivity. We can achieve at least as much as, if not more than, what we are currently achieving, based not necessarily on the same or a larger headcount but on a reduced headcount with clearer agreed performance targets; with better, more hands-on management and leadership; and with a cleaner and clearer set of aims and objectives.

The 10-year plan will help in that sense. It has been quite a long time since the system had a clear steer as to where it needed to go. You might argue that the Lansley reforms in 2012 were an attempt to do that but most people would agree, I think, that they became too embroiled in restructuring and top-down reorganisation rather than changing the culture, having better leadership and empowering ICBs and trusts to get

on and deliver without being micromanaged from the centre. In answer to your question, there is not necessarily a causal link between reducing headcount and reducing the ability to deliver.

Lord Crisp: I totally understand that. I probably still have a minute or more to put forward a suggestion on something that you might care to comment on. In the Department of Health and Social Care—in NHS England, rather—there is the Race and Health Observatory, which is a means of bringing together all the data and knowledge about health and race issues. From what I have been listening to today, it seems to me that having some kind of observatory, which are often used in public health, might be important for autism as a way of spreading the knowledge. Would you care to comment on that?

Stephen Kinnock: That is a really interesting point; it had not occurred to me. The idea of an observatory would certainly help to address the fundamental issues of data and evidence in making evidence-based policy and finding what works. Thank you for that—I will certainly take it away and discuss it with the team.

Q189 **Lord Wigley:** That last answer was very interesting indeed. Good luck with it. Thank you all for your evidence today. I hope that what we put forward as evidence and findings will be of help to you—although you have a very tight timetable, with 2026 screaming on us now.

My question is about building support in the community. Minister Kinnock, I will come to you first. We have heard that local authorities and the NHS often have little incentive to provide timely preventive support to autistic people, and that they may fall into gaps between mental health and social care services. What will the Government do to change that, if they can, and to develop effective integrated support pathways?

Stephen Kinnock: There are a couple of points there. One is about accessing the service in general; there are two things that I want to highlight there. One is that NHS England has developed¹² a digital flag, which will make sure that someone who may have a learning disability or autism is clearly flagged in the system in terms of the need to make reasonable adjustments. I will find the precise wording and come back to you.

The other thing is that we are piloting working with GPs to do a primary care test in order to identify at the earliest possible stage whether someone might be displaying signs of autism¹³. That is perhaps useful to know in terms of how autistic people access the system and how they

¹² Note from witness: See [Reasonable Adjustment Flag - NHS England Digital](#)

¹³ Note from witness: This is referring to annual health checks, which can help to identify undetected conditions early and ensure people receive the right support at the right time. NHS England has tested and is currently piloting a primary care health check for autistic people, developed by a research consortium by Newcastle University and funded by Autistica and NHS England. A co-produced template has been piloted in four regions and is now being developed into a holistic health check to support people with particular conditions, including autistic people.

experience it, as well as in getting a much clearer plan and strategy together around reasonable adjustments and accessibility.

In terms of integrated care boards and local authorities, there is the executive lead, whom I mentioned. They play an important role as the person who should be driving and listening to the system, as well as being made aware of where there are problems—that is, where there are autistic people who are not being treated with the dignity and respect that they deserve or are not getting the access to the services that they should be getting. That is really important. Again, it is a question of leadership; it about ensuring both that that named and accountable individual on the ICB is across all of this and that the autistic community is getting the support it needs.

So, there are two answers to your question. One is, at the micro level, about access, as an individual needing to get the best possible support and service. The other, at the macro level, is that the role of the executive person on the board is vital.

The only other thing I would say is about the CQC. Local authorities are held to account by the CQC for the range of adult social care services that they provide¹⁴. The CQC is improving its approach to inspections; out of that, I hope that we will start to see improved performance both at the ICB level and in local authorities.

Catherine McKinnell: This is very much a health question and an important one. As we develop our departmental strategies, I recognise how important it is that we have good co-operation and collaboration between integrated care boards and local authorities, as well as around where that interfaces with the school system.

If it is helpful, I can give you an update on the current inspection frameworks. Ofsted and the CQC have a new joint inspection framework. Every local authority should be inspected under the new framework by 2027, and we are seeing the outcomes from that. Obviously, action will result from that when the inspection outcome is not where it should be; we will work together with sector-led improvement partners on rapid improvement in those areas. Clearly, we need to continue the close collaboration between Ofsted and the CQC, as part of both the White Paper that we are developing and the NHS 10-year plan, to make sure that we have that continuous drive for improved outcomes right across the board where there is a clear crossover between local authority responsibility, school responsibility and health.

Lord Wigley: You have in fact covered part of my supplementary question. Did you have a question, Lord Addington?

¹⁴ Note from witness: The Care Quality Commission (CQC) are assessing local authorities' performance against their duties under Part 1 of the Care Act 2014. All 153 local authorities in England with adult social care responsibilities are being assessed. Assessment ratings and report are published on CQC's website.

Lord Addington: I was just going to ask a little thing about female numbers here. Traditionally, female autism is very underrecognised. I wonder whether you are looking at that.

Catherine McKinnell: I was going to come back to this—apologies if you were going to come in there. It comes down to some of your questions about behaviour management and coping strategies. As you rightly recognise, children with different needs manage those in very different ways. As far as I am concerned, it is about having really good support and training in place for the teaching workforce, so that it can recognise the different ways in which children might be coping—or not—and might need more support to do that.

This is a joint health and education initiative. We have the partnerships for inclusion of neurodiversity in schools programme, which is very much about building professional expertise and using health professionals to support both teachers and the school workforce in better recognising where children might be struggling to communicate or struggling to access their education because they are not managing to regulate in the school environment. That is one partnership that we are very much collaborating on.

The other one is ELSEC, which covers early language and speech development support. For many children, difficulty in communicating can often result in escalating challenges further down the line. It is about tapping into the support earlier and supporting the workforce both to recognise where that challenge is and to meet it. That is all part of our early intervention strategy. Do you want to come in on that, Minister Kinnock?

Stephen Kinnock: Only to say that, absolutely, we see those programmes—PINS and ELSEC—as really important parts of this early intervention agenda.

In answer to Lord Wigley, let me clarify that it is the reasonable adjustment flag that has been developed¹⁵. Then there is a programme where we are piloting annual primary care health checks for autistic people. It is an NHS England programme with primary care health checks for autistic people; it was developed by a research consortium led by Newcastle University and is funded by Autistica and NHS England. That may be of interest to the committee as well.

Lord Wigley: Indeed. That takes us on to the supplementary. You have said that the Government will commence the provisions in the Mental Health Bill to remove autism and learning disability as grounds for detention only once “strong community services are in place”. What is the Government’s plan to ensure that local authorities and the NHS do in fact deliver those strong community services?

¹⁵ Note from witness: [Reasonable Adjustment Flag - NHS England Digital](#)

Stephen Kinnock: That is a really important question. It is absolutely clear that one of the most frequently asked questions about the Mental Health Bill is on the commencement period. The Government have said that, frankly, because our community services are in such a broken state, it is going to take some time and investment to get them to a place where we can switch on the provisions of the Mental Health Act, as it will become.

One of the important points here is the Dispatch Box commitment we made to laying an annual Written Ministerial Statement both updating the House on what has been achieved in the 12 months prior and setting out an implementation plan. So, 12 months from the day the Bill gets Royal Assent, we will have a plan in place for how we are going to build these community services and put them back¹⁶. You are absolutely right that it is a frustratingly long and drawn-out process, but we know that, if we try to make these changes before community health services are ready, the results could be dangerous and tragic. We must make sure that we build capacity and the capability of the system across the board before we switch into the new set-up that we want to see.

Lord Wigley: Thank you and good luck.

Stephen Kinnock: I am sure that you will be watching very carefully for the Written Ministerial Statement a year from when the Bill gets Royal Assent. That will be an important moment for mental health provision.

Q190 **The Chair:** Before we move on to Lord Hope and the final question on education, can I put something to you, Minister, if you do not mind? I would like a very quick answer, but this is an important question. When the Secretary of State is made aware of failings in access to and the quality of care for autistic people, what action do they take?

Stephen Kinnock: I would say that the first step is to notify the CQC and to commission, or strongly suggest—

The Chair: Often, it is the other way round: the CQC tells the Secretary of State.

Stephen Kinnock: That is often the case as well.

The Chair: What action would they take if it were through the CQC?

Stephen Kinnock: I think that it would be to say, "Look, we need to get this inspection to happen as rapidly as possible to understand what has happened and to take remedial action". Remedial action could, in some cases, be personnel changes or legal proceedings. It is about all the instruments of accountability that the Secretary of State has at his or her disposal.

¹⁶ Note from witness: The Written Ministerial Statement will set out work that has been done over the preceding 12 months to implement this legislation and plans for how we will implement future reforms.

The Chair: Thank you. I am going to move on to Lord Hope and the education question.

Q191 **Lord Hope of Craighead:** The time really is too short for this very important topic. To save time, I will go directly to the supplementary questions, because there are points of detail here that we need to have an answer on.

First, how will the Government support mainstream schools to become more inclusive for autistic children, for example by building on existing capability in specialist schools? Secondly, how will the Government ensure that school staff have the skills that they need to work with autistic children and young people? I add "time" to that, because each autistic person is different. In the early years, in particular, you need to take time with each child both to assess the particular problems with them and to address them. You cannot rush them because of the demands of the curriculum. Can you deal with time? You have dealt with the space for capital projects, but the time element is absolutely crucial.

Catherine McKinnell: I will do my very best to cover all of that in the time that we have left. To be honest, we are doing a huge amount. The questions you ask are very pertinent because they are the issues that we are looking to solve. Throughout my answers today, I have already referenced the various evidence-led approaches that we are taking in order to take a really expert-led approach. We will set out more detail in our White Paper, which will paint the full picture of how we see the school system providing an excellent education for all children; that very much includes children with autism, as well as children with special educational needs and disabilities more broadly.

I have mentioned the Partnerships for Inclusion of Neurodiversity in Schools programme. I have also mentioned the initial teacher training and the early careers framework, which will, from September, include significantly more training for all teachers in adaptive teaching and special educational needs. It has been developed and tested with SEND experts because we want to empower teachers to be able to support all of the children in their classroom, regardless with what additional needs they may present.

You identify an important aspect of that: finding the time. I could go on at some length about the work that we are doing to try both to recognise teachers and to reduce their workload. There is a whole range of measures that we are taking because we recognise that we do not hold on to enough teachers. We have too many teachers leaving the classroom who are often at expert level, and we need to retain the workforce. As you said, teachers need to have the time to dedicate to the children in the classroom, so reducing some of the obstacles to that for the workforce is also a key focus of mine.

We have continuous professional development for the school workforce and school leaders, which is led by Nasen, the National Association for Special Educational Needs. That is supporting the workforce to recognise

needs and to understand adaptive learning. So, as well as the initial teacher training and the early career support, we are also investing in continuous professional development, because we recognise how important it is.

The other thing to highlight is that, earlier, we did not cover accountability generally in the system, but we recognise how important accountability is in the school system, not only to keep children safe but so that every child gets the opportunity to have an excellent education and achieve high standards. That is why we have been looking at Ofsted and its approach. It is developing a new framework, and we are very clear that a focus on inclusion must be part of how a school is measured. The new inspection frameworks and toolkits will set out the expectations for school leaders and how they should be meeting needs within a school, breaking down barriers to learning and engagement and making sure that special educational needs are identified and supported and that the workforce are supported to meet those needs.

We also have our new regional improvement for standards and excellence—RISE—teams, which are providing targeted support to schools that have been underperforming for too long. For us, that means that at the last two inspections they were below “Good”. They are also providing a universal service, and one of our key priorities is supporting schools to provide greater inclusion within their mainstream offer. A huge amount of work is ongoing, and more detail will be set out in the White Paper that is coming in the autumn.

Lord Hope of Craighead: We will look forward to that very much indeed. Thank you very much for that comprehensive answer. I think we have finished just on time.

Q192 **The Chair:** If you have just five more minutes, I have one more question, if I may, that it would be quite helpful for Minister Kinnock to answer, because it brings everything together. You have been clear in your answers that a future autism strategy will form part of a much broader government policy of programmes. We are very grateful to have the three Ministers here today. How will you test whether government policy broadly works for autistic people, as well as test and scale up policy initiatives with evidence of improving outcomes for autistic people specifically? That encompasses all the messages that you have given the committee today.

Stephen Kinnock: In case I do not get another chance, I thank the committee for the really helpful and insightful questions. Without wanting to pre-empt the work we will do on a strategy and plan, the success indicators for me will be about whether we are managing demand in a way that is person-centric. As Lord Hope rightly said, each and every autistic person is different in many different ways, so we have to ensure that we have flexibility and responsiveness in the system. If we do that, we will see demand for assessments going down. I would see that as an indicator of success, because it would show that the strategy is working

in terms of being more tailored and less one-size-fits-all than is currently the case.

There is also an important marker around ensuring that we get treatment and support for people in the right place for them. A big part of that is the Mental Health Bill and moving away from detaining people who have autism as a single condition. They should be detained only if there is a co-occurring mental disorder that needs hospital treatment, so we have to watch the data on that as a clear way of knowing that we are moving in the right direction.

We then need a clear, prioritised list of the health outcomes that we want to see improving. What are the primary health indicators that show that autistic people are getting significantly poorer health outcomes than the rest of the population? We need to target those and ensure that they are improving. I do not want to speak for Minister McGovern, but she gave us that statistic of only 30% employment. That is another key one, and I am sure that Minister McKinnell would also have some indicators and targets that we would want to use as our key performance indicators.

The Chair: Thank you. We are very grateful for your time, Minister Kinnock and Minister McKinnell. Please pass on our sincere thanks to Minister McGovern for her time as well. We are grateful to you for really digging deep into some of the challenges and discussions that we as a committee are talking about. The committee meets again in public on Monday 7 July. It will be our final evidence session, and we will hear from representatives of four of the leading autism charities. In the meantime, I now declare that this public meeting has concluded, and I draw today's evidence session to a close. Thank you very much indeed.