

Autism Strategy 2023-2028

Consultation Summary Report

Department of Health
April 2023

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1. Introduction

This report summarises the findings from a public consultation on key priorities for the Autism Strategy 2023-2028.

1.1. Current Position

The Autism Act (NI) 2011 and Autism (Amendment) Act (NI) 2022 place a legislative responsibility on the Department of Health to prepare a cross-departmental Autism Strategy every seven years.

Whilst the COVID 19 pandemic placed significant constraint on the development of a longer term strategy to be published in 2021, the former Health Minister, Robin Swann, took the decision to publish an interim strategy for implementation in 2021 and 2022 with a commitment to publish a longer term strategy in 2023. The interim strategy is drawing to a close and a final cross-departmental monitoring and evaluation exercise is underway.

1.2. Preparation for Autism Strategy 2023-2028

The Department is committed to co-producing key priorities and actions for the next autism strategy with people who have lived experience of autism to ensure that actions are developed which can support them throughout their lives. Therefore, the following steps have been taken to enable the strategy to be shaped and influenced through their views, experience and challenges.

- **Autism Forum**

The interim strategy was published with the vision '*To respect, to listen, to involve*' as a commitment to listening to the voices of people who have lived experience of autism who are best placed to inform actions to be taken forward within the strategy. In doing so an Autism Forum was established by the Department in April 2021. The Forum is co-chaired by two Advocates who are autistic and is comprised of people with lived experience and the community and voluntary organisations who represent them. This Forum has been central to shaping and contributing to the priorities for the strategy.

- **Pre-consultation**

In preparation for the development of an Autism Strategy 2023-2028, a pre-consultation called 'Have your Say' was undertaken to identify the key priorities to be addressed in the next strategy. A summary report on this process can be accessed at the link below.

[doh-autism-strategy-2023-28-consultative-process-summary-of-responses.DOCX \(live.com\)](#)

Key priorities highlighted included:

- Waiting lists
- Adult Autism Services
- Emotional Health and Wellbeing
- Short breaks and respite services
- Our community
- Housing
- Education
- Careers and Employment
- Transitions

- **Stakeholder engagement**

Whilst stakeholder engagement continues to remain central to the work being undertaken in relation to autism, in September 2022 two workshops were held to further inform the actions and outcomes aligned to the strategy. These workshops were attended by autistic people, their families and carers and community and voluntary sector representatives, government departments and health and social care representatives. A summary of the workshops can be accessed at the link below.

[https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-Autism-Strategy-Outcomes-Co-Design-Workshop-1-A-summary-of-your-ideas-20-September-2022.docx](#)

- **Equality Considerations**

The following equality assessments were carried out and published with the consultation document; these will be further reviewed against the findings of the consultation prior to development of the autism strategy.

- Equality Screening, Disability Duties and Human Rights Assessment
- Rural Needs Impact Assessment

2. Public consultation

2.1. Methodology

To finalise the actions for the strategy, a public consultation was undertaken by the Department from 14 December 2022 – 8 March 2023. In developing the consultation, mindful of the specific needs of autistic people and also their families and carers, the following methods of delivering the consultation were deployed:

- A word document comprised of closed and open questions was developed and published on the Department of Health website for those who preferred to respond in writing, an easy read version was also provided. Alternative formats could also be requested.
- An electronic version was developed and delivered through Citizen Space enabling those who preferred an online version to respond in this way.
- Ten public consultation sessions were arranged and delivered, eight of which were virtual, one ‘in person’ event and one which had been arranged as an ‘in person’ event but which was re-arranged online. Whilst the Department arranged eight of these sessions with community and voluntary sector organisations, two sessions were delivered by the Patient and Client Council.

2.2 Breakdown of the responses

Autism Strategy 2023-2028 Public Consultation	
Written responses	20 received
Citizen Space	206 received
Consultation sessions	10 consultation sessions

An analysis of the findings of the public consultation have been carried out and a summary of the qualitative responses is provided at **Annex A**. Data in respect of the responses received is provided at **Annex B**.

3. Departmental Response and Next Steps.

- 3.1. The Department welcomes the openness, feedback and engagement from all who have participated in the consultation and is appreciative to the organisations who gave of their time to host consultation sessions.
- 3.2. In analysing the actions to be taken forward within the strategy the Department has commenced cross-departmental engagement to determine how this can be addressed.
- 3.3. The Department will continue to work with all stakeholders to identify how actions will be delivered across sectors and this will be developed into an Autism Strategy 2023-2028 which will be published in the coming months.

AUTISM STRATEGY 2023-2028 - OVERVIEW OF PUBLIC CONSULTATION RESPONSES

14 December 2022 – 8 March 2023

1. Waiting Lists

- More support required pre and post diagnosis which should include interventions and support for the needs and challenges being experienced by individuals and should not be dependent on diagnosis. Participants did emphasise the importance of a diagnosis, if appropriate, to help them understand their condition. If a diagnosis is not received, signposting to support would be helpful.
- Once referred for assessment, the process needs to be clearly set out so the individual and families are aware of what happens at each stage, what will be required and the timescales involved. Respondents stated that more communication regarding the process was required.
- Demand continues to outstrip constantly capacity to deliver autism services within Health and Social Care Trust. Due to the lengthy waiting lists more people are opting for private assessment, however this is not an affordable option for many resulting in inequity within the system. As demand increases, private assessment providers are also reaching capacity to deliver services.
- Respondents clearly stated the need for comprehensive signposting to support which could be accessed through different methods of communication. This should not only include health and social care services, but community and voluntary services also.
- The need for more understanding of autism as a condition and the specific needs of autistic people across the medical workforce, particularly GP's, social workers (this was considered vital, particularly as key workers), counselling and psychiatry, dentists, opticians and allied health professionals was clearly stated and additionally this could include administrative or support staff within medical facilities. This should include consideration of communication, sensory needs and environmental surroundings to support and facilitate engagement and information should be provided to enable autistic people to prepare for appointments.

- Support and communication between children's and adult autism services, transitions and CAMHs needs to be improved and strengthened.
- It was noted that some young people are waiting for such extensive periods of time on a waiting list for assessment that they move to adult services, this results in less accessibility in terms of provision of support, in comparison to those available in children' services. This impacts on transition, particularly in relation to support in education and ability to manage anxiety and mental health.
- Incorrect referrals also being made, e.g. for autism or ADHD, which given the length of waiting lists can have a severe impact on the individual.
- Ongoing challenges in relation to recruiting and retaining workforce continue to place limitations on services.
- It was clearly stated that throughout the consultation that the autism assessment process requires considerable reform and investment.

2. Adult Autism Services

- Autism services are largely targeted towards children whilst adult services have lacked investment and development. Services are particularly poor for adults who do not have a co-existing learning disability.
- Transitions from children to adult services needs to be greatly improved as this was described as 'falling off a cliff edge'. Increased referrals and diagnosis for children are going to require enhanced and more accessible adult services.
- ADOS assessment tool considered inappropriate – more suited to male gender and also in many cases children's books or toys are being used to assess adults which respondents described as 'demoralising and degrading'.
- More information on the assessment process, what will happen at each stage, what information will be needed and what will be required from the individual. Clearly set out process with timescales is required. This should be provided to individuals once a referral for assessment is made.
- Lack of signposting to support and advice post diagnosis. Participants considered that a list should be provided to enable them to contact organisations and sources of support or peer groups.
- Crisis seems to override need for access to services. Access is accelerated through mental health crisis or family breakdown/crisis.
- An overriding response at all sessions and in written responses was the need for training and greater understanding of autism for GPs (and all medical professionals particularly those in mental health services). People are often being treated for depression and anxiety first and given prescribed medication. Additionally incorrect referrals also being made, e.g. for autism or ADHD, which given the length of waiting lists can have a severe impact on the individual. Participants referred to a lack of adult co-morbidity services e.g. ADHD.
- Stark difference in access and provision of adult autism services across Trusts.
- More individualised support with practical coping strategies required – not theoretical.
- Target/timescale required for adult assessment (e.g.13 weeks).

3. Emotional Health and Wellbeing

- Communication and collaborative working between autism services, mental health services and multi-disciplinary teams needs to be strengthened.
- Support for emotional health and wellbeing should be focussed on preventive rather than reactive.
- Interventions are often being provided to the parents to support the child, rather than to the child.
- A holistic approach should be taken which looks at overall lifestyle and nutrition – identify small things that can make a difference. Too often it is only the symptom which is considered and subsequently medication prescribed.
- Understanding of autism is required by health workforce to understand how to support an autistic person and help them articulate their needs and how they are feeling – particularly for non-verbal people.
- Health appointments create considerable anxiety and bring sensory or communicative challenges which can make it difficult to process and present details articulately and cohesively. This is particularly challenging if different practitioners undertake appointments, where possible individuals find a designated practitioner more appropriate to reduce anxiety and who may provide continuity and be familiar with their needs.
- Open ended questions such as ‘How are you feeling’ can be challenging and difficult to process at appointments and also for counselling services. More understanding from medical professionals could enable a different approach.
- Mental health support needs to be integrated into services. Too often a contributing mental health issue may be misdiagnosed or not diagnosed due to the contributing autism characteristics, this issue may also be reversed. Individuals may be at risk of diagnostic overshadowing,
- Emotional support is particularly important in managing transitions.
- Siblings also need to be supported; often it can be challenging for a child or young person when additional attention and support is provided to another family member and characteristics of the condition, particularly where there are complex needs, can present a need for support for siblings.

4. Short breaks and respite care

- Short breaks and respite care needs to be planned and regular to enable consistency and routine. Provision is often driven by crisis.
- Consistency is required in how Direct Payments can be used and respondents suggested that change was required. Respondents also highlighted the following challenges:
 - How the payments can be used differs across Trust areas.
 - The process is administratively time consuming and cumbersome.
 - Carers can be difficult to obtain and, for autistic people, additionally this needs to be consistent to ensure familiarity and avoid anxiety in an autistic person adapting to change.
- Parent and families of autistic adults need to be supported as well as those with autistic children. Siblings should also be considered.
- The Learning Disability Re-Mobilisation Pathway also needs to be applied to autism.
- Respondents suggested there should be greater provision of appropriate, purpose designed respite facilities which can provide a calming environment, routine and structure e.g. set in nature, provision of relaxation and therapeutic activity and support and an appropriate sensory environment.
- Respondents suggested that more 'in home' support would be beneficial to retain familiar surroundings and structures.
- Some respite services have been re-purposed to provide care facilities; this has reduced the accessibility to short breaks.

5. Transitions

- Transitions can include education, employment, life changes (including house moves, bereavement, relationships, changes to environment, retirement) or indeed changes in everyday life. Many families concerned about managing longer term care once they are not there to support an autistic family member.
- Transitions need earlier planning and should be more streamlined – need to be proactive rather than reactive.
- Services and supports tend to be time limited, however autism is a lifelong condition.
- Transition from children's autism services to adult autism services is referred to as 'falling off a cliff edge'.
- A dedicated social worker or advocate is required to ensure consistency in approach and familiarity with an individual's needs.
- Helpful support from education would include:
 - Schools being proactive in providing a video of the school or classroom to enable a pupil to familiarise with their surroundings on a regular basis prior to attendance or on returning from school breaks. A visit to the school or classroom is also helpful.
 - Individualised planning for specific needs, for example acceptance that some autistic pupil's learning styles will differ – they may need to move about to support learning rather than sitting or remaining stationary.
 - Whilst there are key workers in schools, this isn't always available in higher or further education. Autism Advocates/Champions would provide a vital link for support, particularly for those students who do not wish to disclose their condition.
- There is currently no support for transitioning from higher/further education into workplace.
- Transitions for transgender and LGBTQ+ particularly challenging and needs recognition and support.
- COVID has had a huge impact – adapting to changing public guidelines.

6. Education (includes all aspects of education)

- School and college environment needs to be more flexible:
 - Sensory considerations.
 - Calm spaces/rooms.
 - Appropriate uniform adjustments e.g. no ties.
 - Individuals being able to make reasonable adjustments to learning environment to facilitate concentration and learning style.
- Ongoing change within the education environment, for example induction weeks, changing timetables, moving to different rooms can making adapting and managing change difficult.
- Schools, colleges and universities should provide strategies to enable students to get the best out of their educational experience by supporting pupils and students in their own individualised learning styles, rather than feeling they need to meet expectations to conform.
- Support within further and education sector needs to be provided without a diagnosis. Many students, particularly females, will be diagnosed as adults as challenges may have been masked or not recognised throughout primary or post-primary education. Given the extent of adult waiting lists, support is required at an earlier stage.
- Respondents proposed that autism training for teaching and academic staff should be mandatory so that pupils and students can be supported without a diagnosis, but where characteristics of autism are recognised.
- Children who do not have a co-existing learning disability were considered to 'fall through the cracks.'
- Children, families and schools require more accessibility to Educational Psychology.
- Whilst some students do not wish to disclose their autism diagnosis, could a SEN Statement pass to higher or further education on request.
- Many students who have had a challenging experience within the education sector may not complete their education or pursue employment.
- The need for an autism advocate or nominated link person for higher and further education was very clearly stated in consultation sessions.

7. Careers and Employment

- Careers advice needs to be adapted and provided by specifically trained staff to assist and support autistic people in recognising skills and making choices.
- There needs to be more focus on development and support for life skills to support individuals as they transition and adapt into careers and employment.
- More understanding of the specific needs of autistic people is required for employers and within the employment environment. This will also enable and increase approachability in terms of requests for reasonable adjustments which could include simple adaptations to the physical environment to accommodate sensory needs, hybrid working arrangements or working from home, enabling a routine for the individual in the workplace.
- Greater understanding is also required by Human Resources representatives to assist them in supporting autistic people in application and recruitment processes.
- Recruitment processes for autistic people can be challenging; concern may be experienced in disclosing diagnosis and interview. Questions which may be focussed on open ended questions can be difficult to process. Sufficient and timely preparation should be provided when scheduling interviews.
- Autistic people need access to sustained employment, not just timebound opportunities.
- Lack of European Social Fund (ESF) will have a significant impact on employment support for autistic people.
- An advocate or nominated 'work mentor' in the workplace could provide support and familiarity to an autistic person.

8. Housing

- Respondents at all consultation sessions considered that staff working in housing needed a greater understanding of autism as a condition and the specific needs of autistic people, for example, in terms of considering and determining the most appropriate and preferred type of communication for an autistic person and also consideration of sensory needs in respect of housing.
- Improved and more widely available support is required in explaining housing options and financial support to autistic people.
- The current lack of suitable housing in Northern Ireland impacts negatively on people with a disability due to the lack of supported or suitable housing and this presents a significant barrier to the ability to develop and maintain independence.
- It was suggested that a closer and more collaborative working relationship was required between housing organisations and Health and Social Care Trusts.
- Respondents considered provision of housing to relate more to 'crisis management' rather than planning.
- Services and support provided differs depending on provider – need for more consistency in approach, service and support.
- It was proposed that a more streamlined process is required, for example, set out process, determine method or preferred style of communication with individual, consider sensory needs (proximity to fire alarms, noise, roadside accommodation may prove challenging), keep informed.
- In shared housing, access to quiet space is vital.
- Consideration of communication was a 'top ask' from respondents.

9. Our community

- Community and public understanding is required to assist autistic people to adapt and also to reduce stigma.
- Respondents expressed a need for Borough Councils and leisure facilities to be more proactive in accommodating autistic people and, where this may currently be available, this should be more widely promoted. Planning should also involve neurodivergent people in decision and policy making so that this is informed, inclusive and based on lived experience.
- Improved signposting to services and groups within the community – needs more ‘joined-up’ thinking.
- Provision of ear defenders would be welcomed in public places where noise presents sensory challenges.
- Provision of quiet space, to calm and self regulate if and when required is required in public buildings and facilities.
- Signage should be provided on facilities e.g. air dryers, alarms, or where there is any unexpected noise or reaction to accommodate sensory challenges.
- Respondents expressed the need for greater availability of peer groups for socialising and where autistic people can feel understood.

DEMOGRAPHIC BACKGROUND

1. Introduction

An overview of the information collated within Citizen Space is presented within Annex B to provide data in respect of the responses received, this is supported by the qualitative. A total of 206 responses were received from autistic people, those waiting for an autism assessment and from parent/carer/relative or friend of someone who is autistic. An additional 20 written responses were received from organisations. Individuals responded to all or some of the questions, dependent on the section which they considered they wanted to provide feedback.

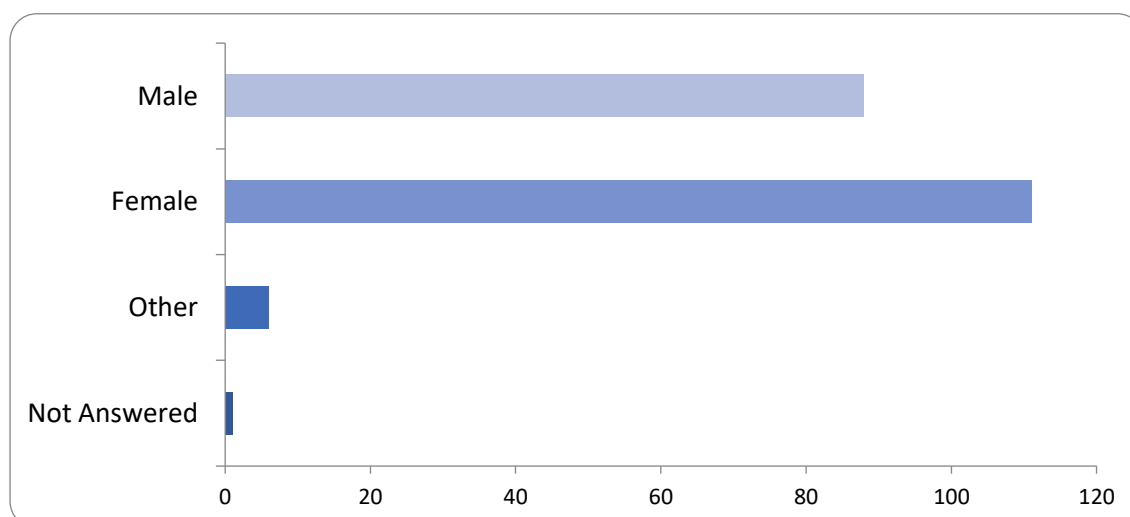
To obtain a demographic background to individuals contributing to the consultation, respondents were asked:

- gender;
- their age group;
- if they had an autism diagnosis;
- were they waiting for an autism assessment;
- had they sought private diagnosis;
- if they had any additional learning needs;
- if they were in education; and/or
- if they were in employment.

Responses were as follows:

a) Gender

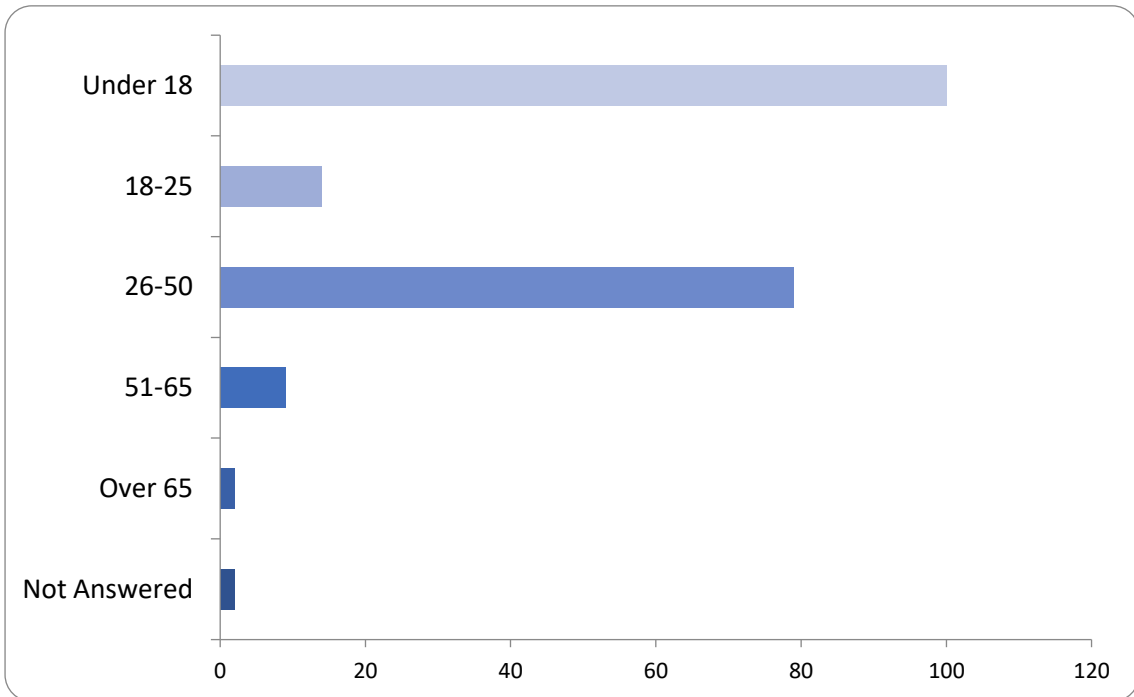
There were 205 responses to this question.



Option	Total	Percent
Male	88	42.72%
Female	111	53.88%
Other	6	2.91%
Not Answered	1	0.49%

b) Age

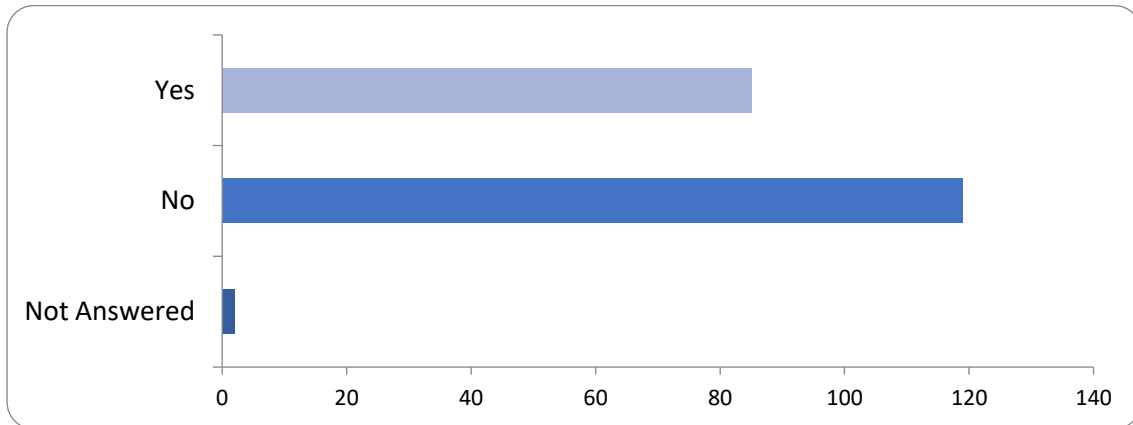
There were 204 responses to this question.



Option	Total	Percent
Under 18	100	48.54%
18-25	14	6.80%
26-50	79	38.35%
51-65	9	4.37%
Over 65	2	0.97%
Not Answered	2	0.97%

c) Do you have an Autism Diagnosis?

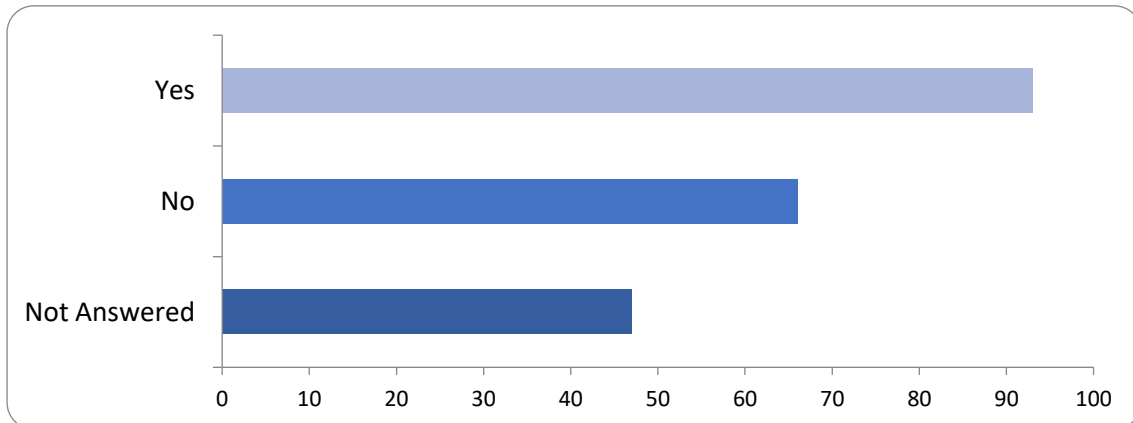
There were 204 responses to this question.



Option	Total	Percent
Yes	85	41.26%
No	119	57.77%
Not Answered	2	0.97%

d) Have you been referred for autism assessment?

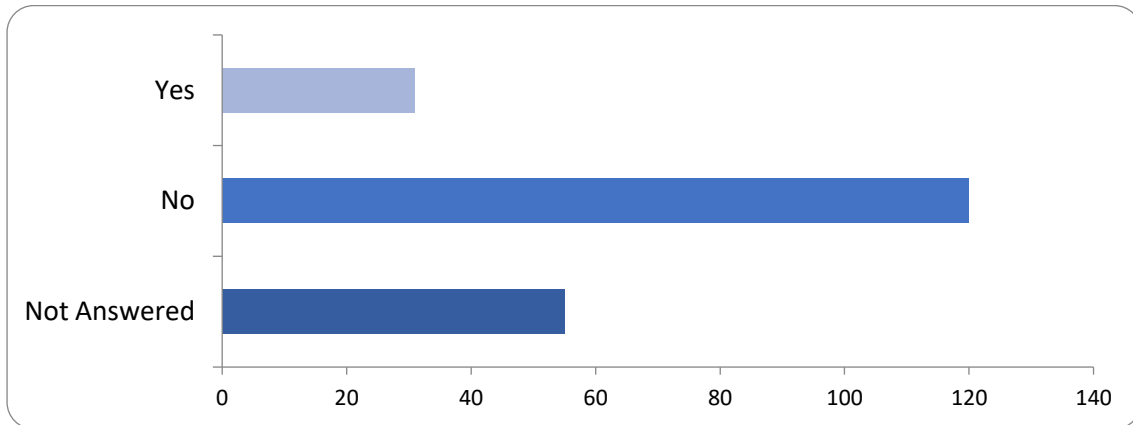
There were 159 responses to this question.



Option	Total	Percent
Yes	93	45.15%
No	66	32.04%
Not Answered	47	22.82%

e) Have you sought a Private Diagnosis?

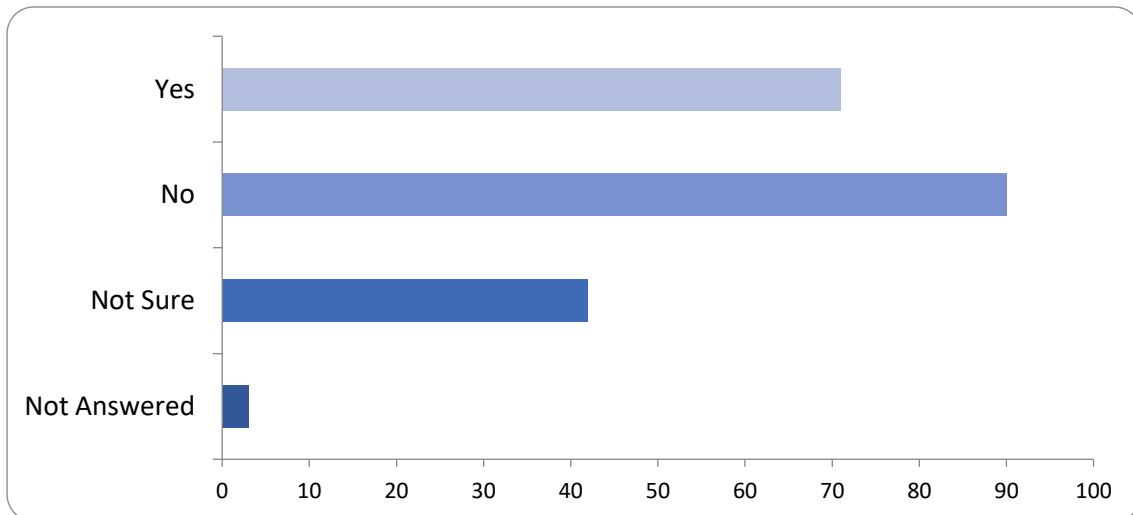
There were 151 responses to this part of the question.



Option	Total	Percent
Yes	31	15.05%
No	120	58.25%
Not Answered	55	26.70%

f) Do you have any Additional Learning Needs?

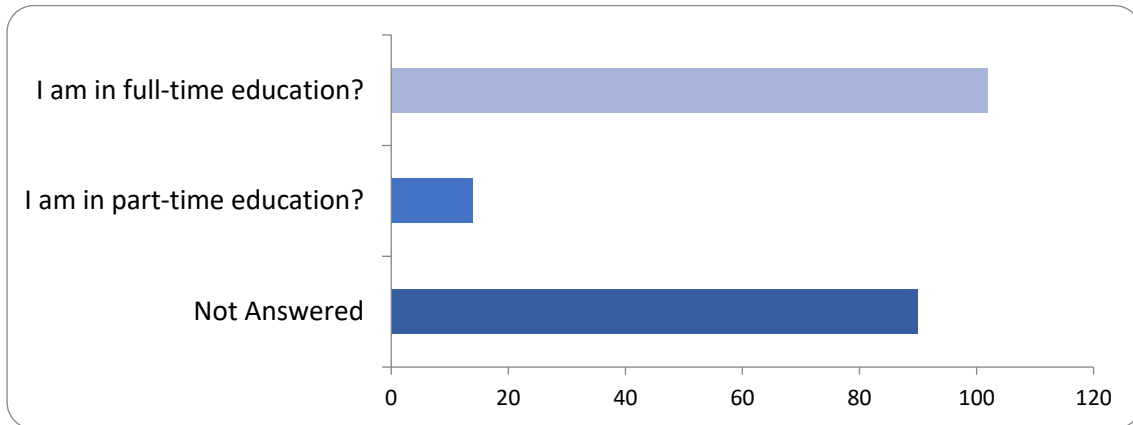
There were 203 responses to this part of the question.



Option	Total	Percent
Yes	71	34.47%
No	90	43.69%
Not Sure	42	20.39%
Not Answered	3	1.46%

g) Are you in education?

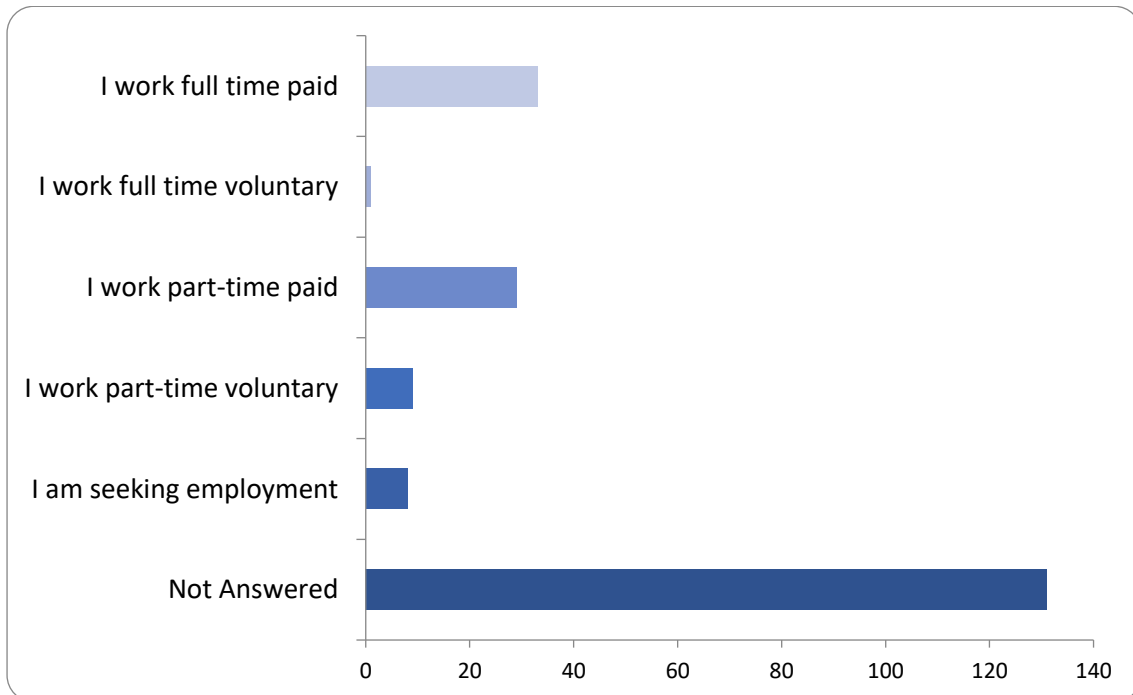
There were 116 responses to this part of the question.



Option	Total	Percent
I am in full-time education?	102	49.51%
I am in part-time education?	14	6.80%
Not Answered	90	43.69%

h) Are you in employment?

There were 75 responses to this part of the question.



Option	Total	Percent
I work full time paid	33	16.02%
I work full time voluntary	1	0.49%
I work part-time paid	29	14.08%
I work part-time voluntary	9	4.37%
I am seeking employment	8	3.88%
Not Answered	131	63.59%

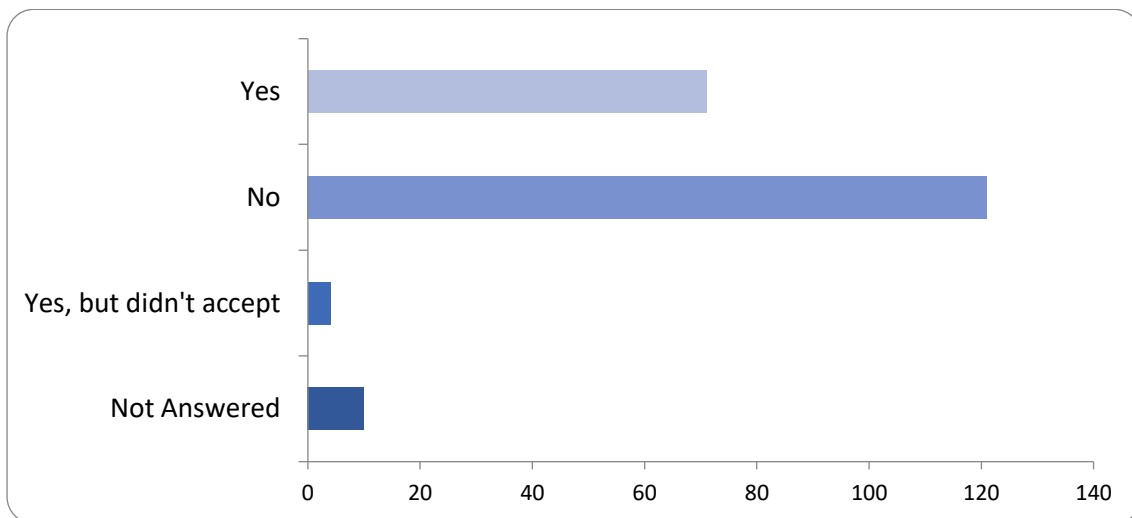
2. Waiting lists for autism assessment

For respondents who were waiting for an autism assessment we asked if they had support or intervention offered before or whilst they were waiting for an assessment and if this had been helpful. We also asked if an autism diagnosis was received, did this help them adapt to their needs and manage how they were feeling.

Responses were as follows:

a) Did you, or have you, had support or intervention offered to you before or whilst you were waiting for an autism assessment?

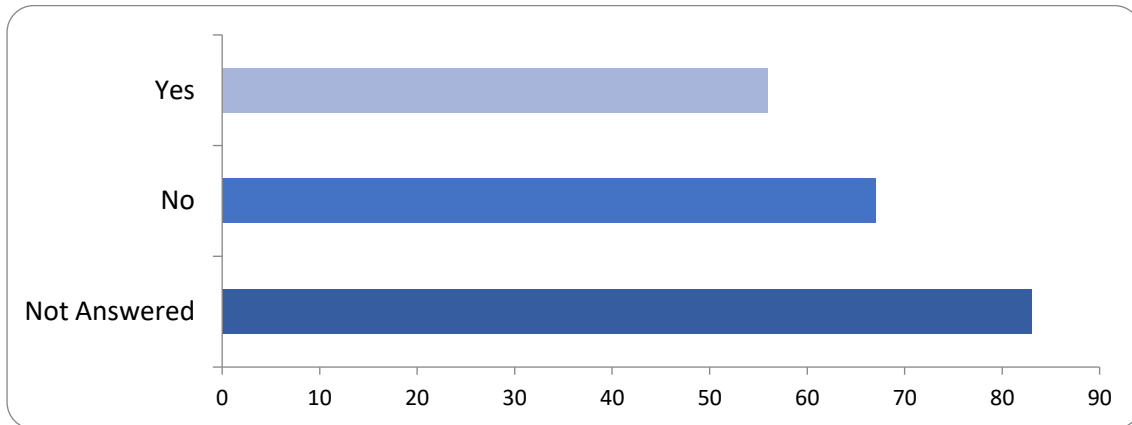
There were 196 responses to this part of the question.



Option	Total	Percent
Yes	71	34.47%
No	121	58.74%
Yes, but didn't accept	4	1.94%
Not Answered	10	4.85%

b) Did you find this helpful?

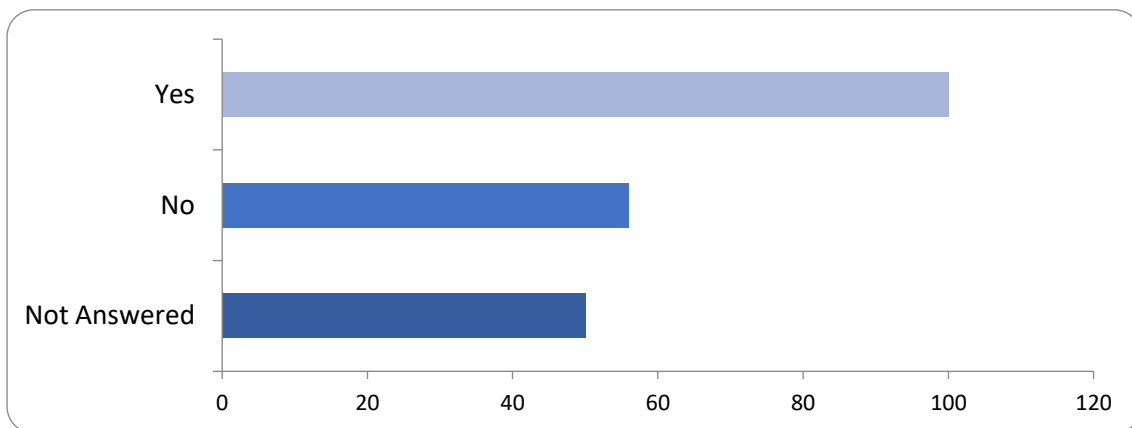
There were 123 responses to this part of the question.



Option	Total	Percent
Yes	56	27.18%
No	67	32.52%
Not Answered	83	40.29%

c) If you have received an autism diagnosis, has it helped you to understand how to adapt to your needs and manage how you feel?

There were 156 responses to this part of the question.



Option	Total	Percent
Yes	100	48.54%
No	56	27.18%
Not Answered	50	24.27%

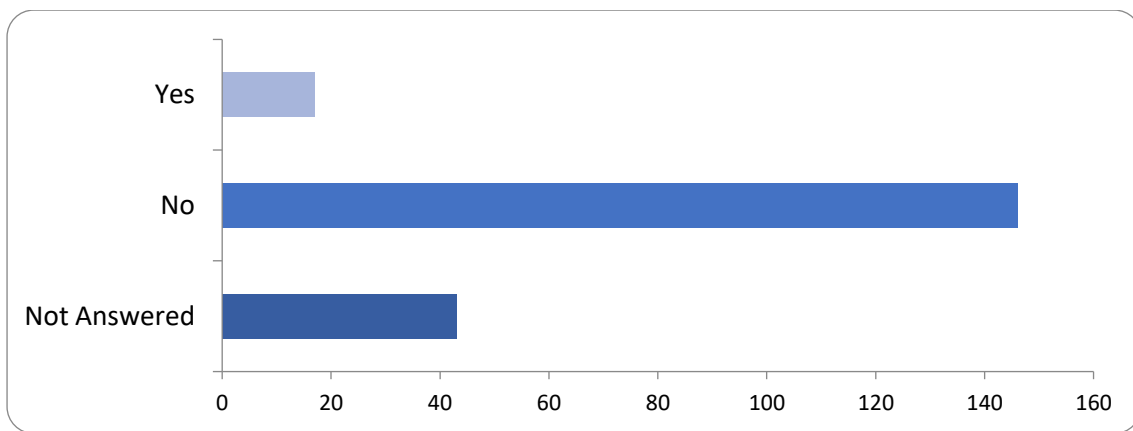
3. Adult Autism Services

The need for improvement in accessing Adult Autism Services has been highlighted consistently throughout stakeholder engagement. We asked if respondents were receiving support provided by Adult Autism Services and if they had found this helpful.

Responses were as follows:

a) Have you, or are you, receiving services provided by Adult Autism Services?

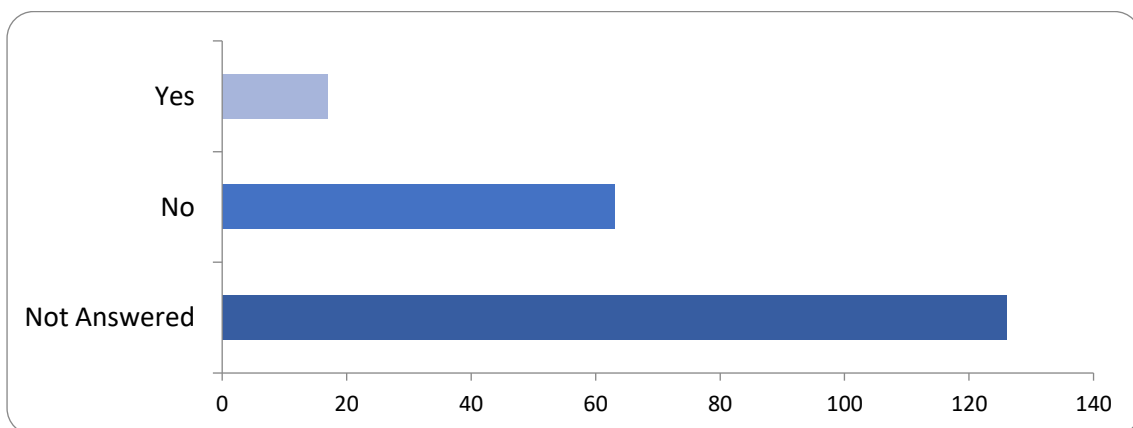
There were 163 responses to this part of the question.



Option	Total	Percent
Yes	17	8.25%
No	146	70.87%
Not Answered	43	20.87%

b) Did you find this helpful?

There were 80 responses to this part of the question.



Option	Total	Percent
Yes	17	8.25%
No	63	30.58%
Not Answered	126	61.17%

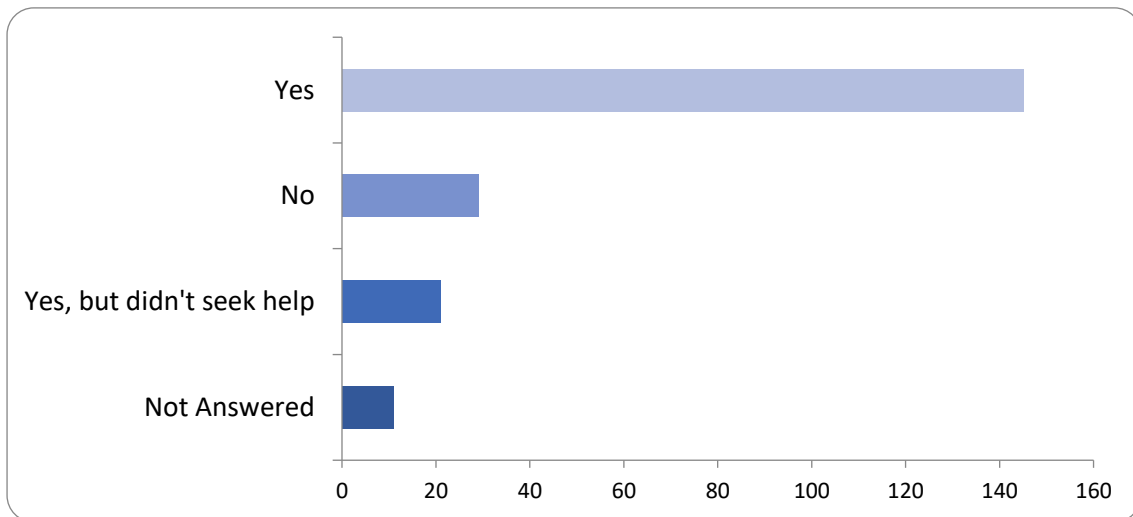
4. Emotional Wellbeing and Mental Health

To help us feel fulfilled and content in our lives it is vital that our emotional health and wellbeing is supported. We asked respondents if they had ever needed help to support their emotional health and wellbeing and how accessible and helpful support had been.

Responses were as follows:

a) Have you ever needed help to support your emotional wellbeing and mental health?

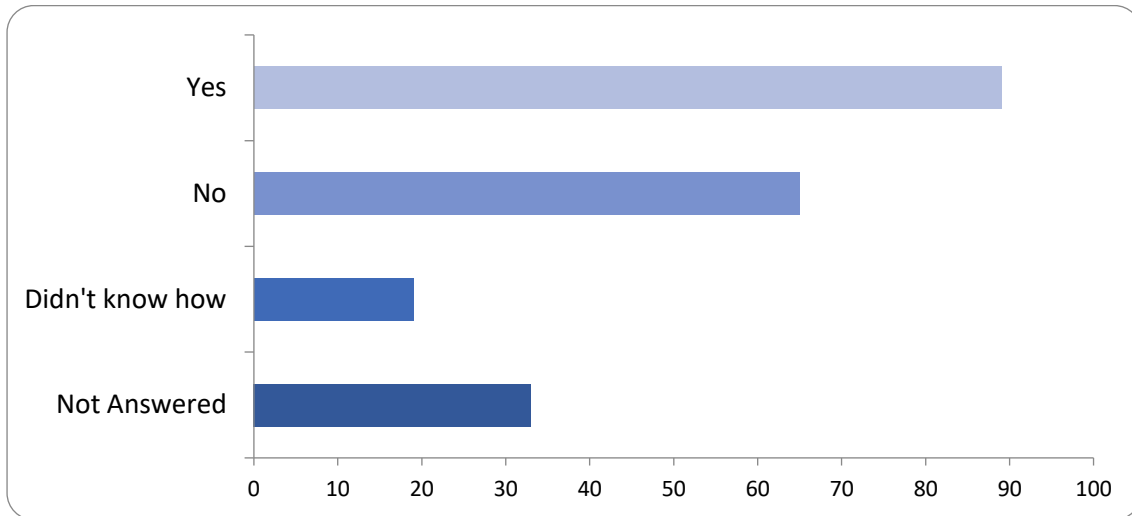
There were 195 responses to this part of the question.



Option	Total	Percent
Yes	145	70.39%
No	29	14.08%
Yes, but didn't seek help	21	10.19%
Not Answered	11	5.34%

b) Were you able to access support?

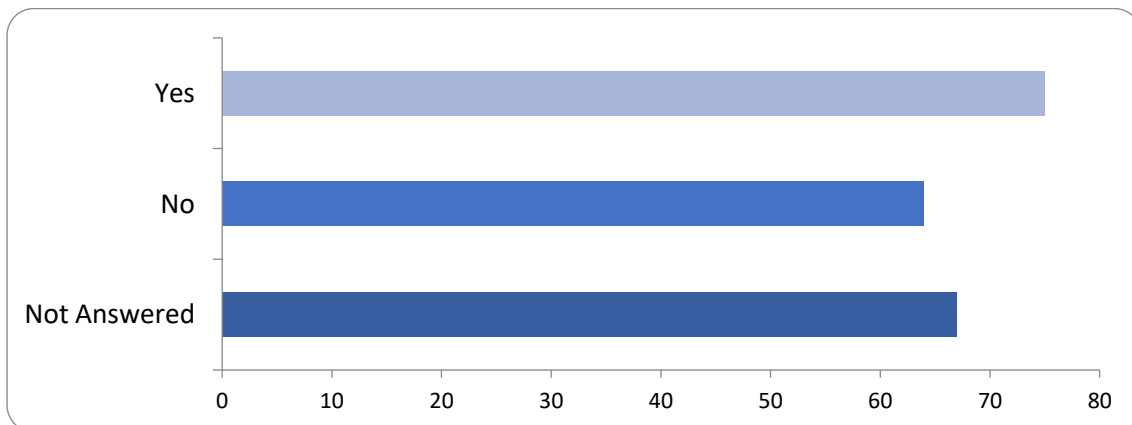
There were 173 responses to this part of the question.



Option	Total	Percent
Yes	89	43.20%
No	65	31.55%
Didn't know how	19	9.22%
Not Answered	33	16.02%

c) Did you find the support provided helpful?

There were 139 responses to this part of the question.



Option	Total	Percent
Yes	75	36.41%
No	64	31.07%
Not Answered	67	32.52%

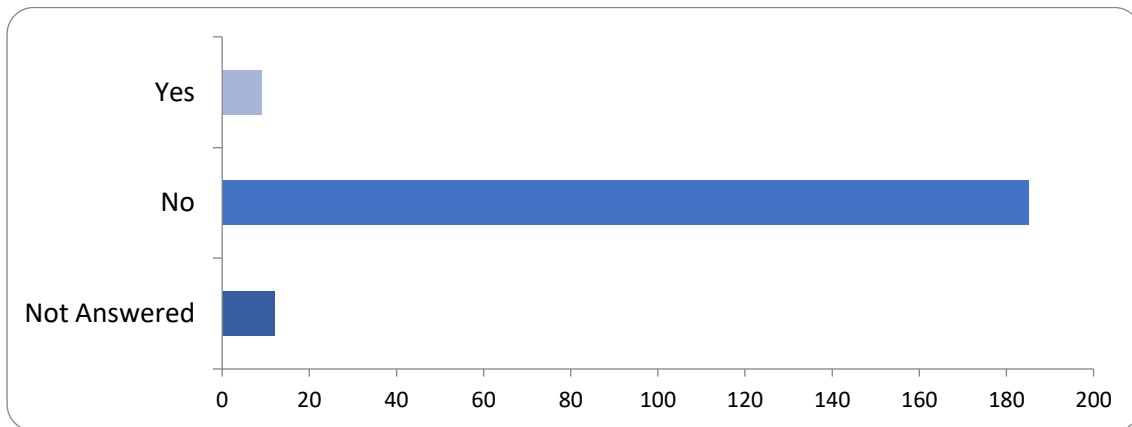
5. Short breaks and respite services

Accessibility to short breaks remains significantly limited due to increasing complexity of need, which has resulted in the need to accommodate emergency placements. Therefore, to determine how accessibility needs to improve, we asked respondents to tell us if they receive short breaks and respite services and what would be most useful to support their needs.

Responses were as follows:

a) Do you receive short breaks and respite services?

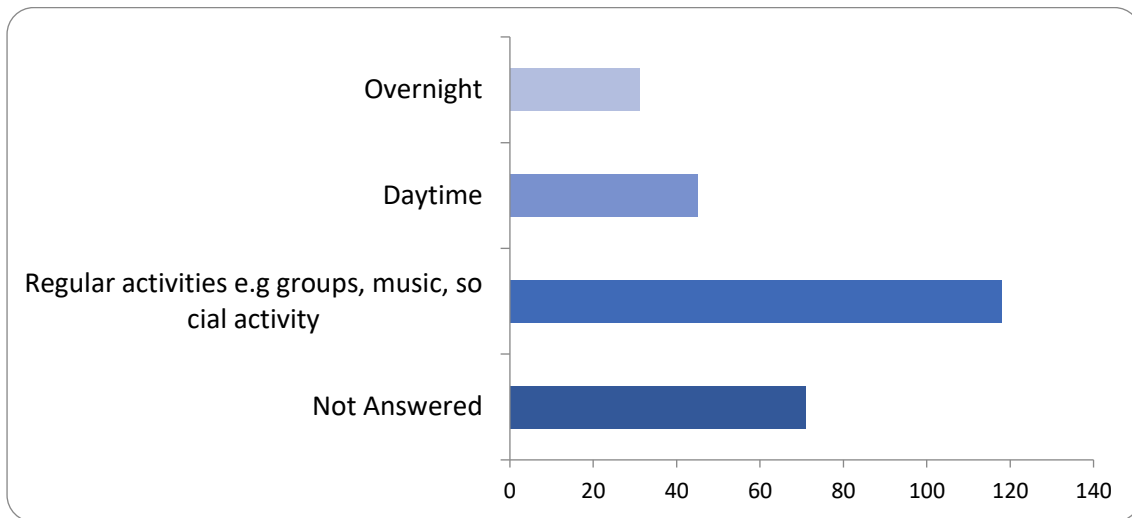
There were 194 responses to this part of the question.



Option	Total	Percent
Yes	9	4.37%
No	185	89.81%
Not Answered	12	5.83%

b) What type of respite care would be most helpful?

There were 135 responses to this part of the question.



Option	Total	Percent
Overnight	31	15.05%
Daytime	45	21.84%
Regular activities e.g groups, music, social activity	118	57.28%
Not Answered	71	34.47%

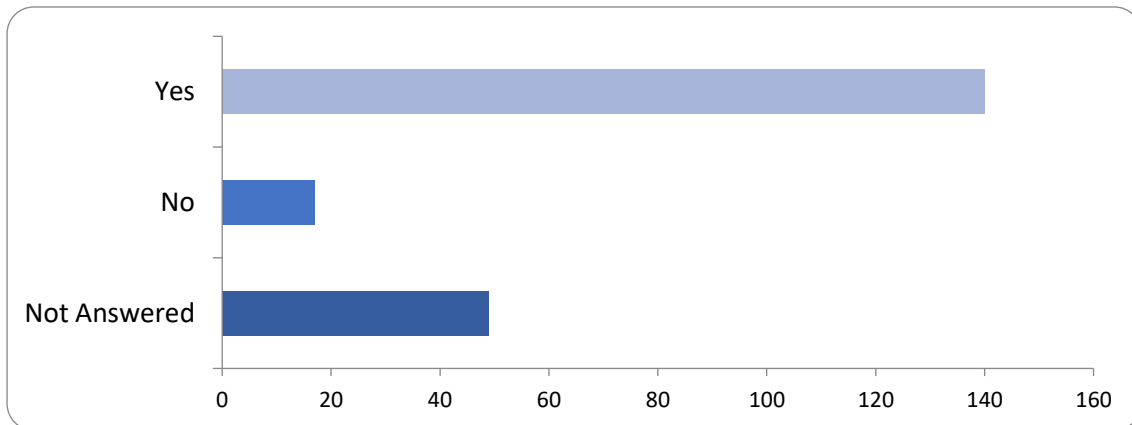
6. Transitions

Change can be difficult to manage and adapt to, however for many autistic people, their families and carers these changes can extend beyond what many others will experience. We asked what sort of change they found difficult to manage.

Responses were as follows:

a) Moving from primary to post primary school

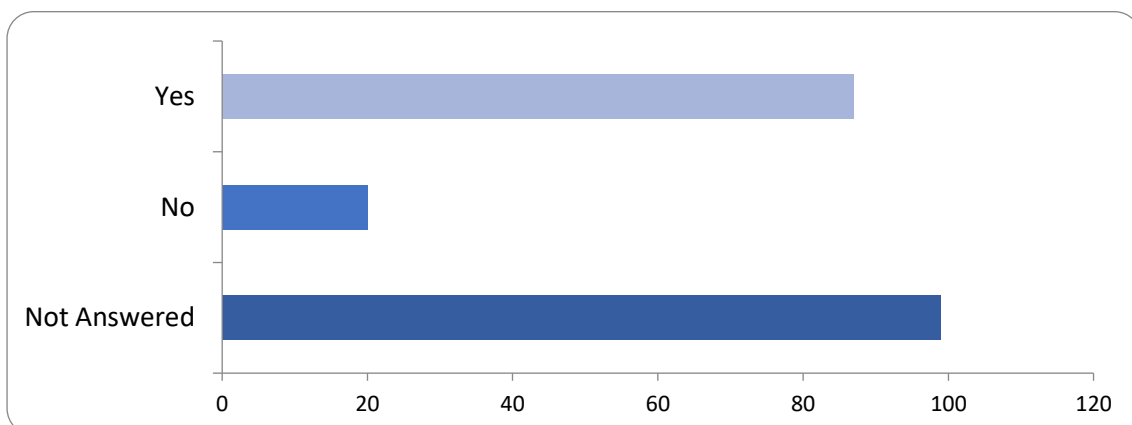
There were 157 responses to this part of the question.



Option	Total	Percent
Yes	140	67.96%
No	17	8.25%
Not Answered	49	23.79%

b) Moving from school to college or university?

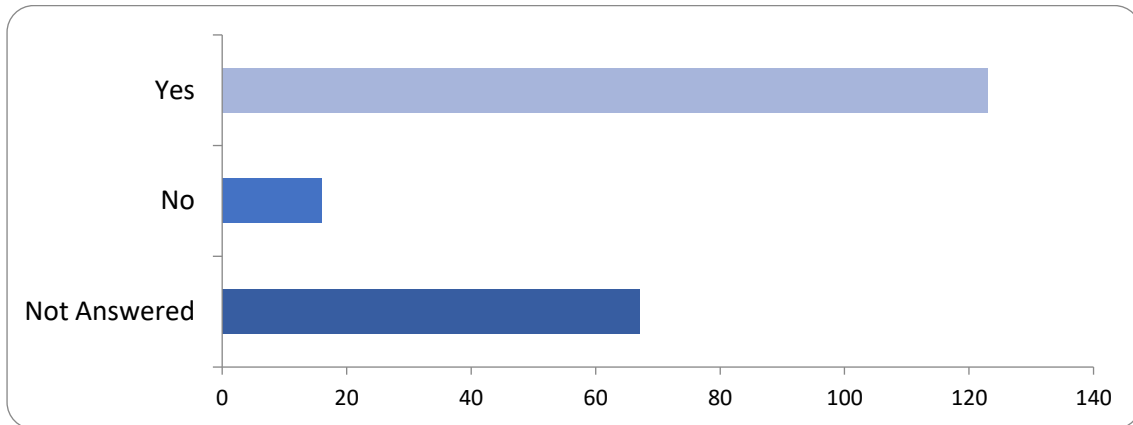
There were 107 responses to this part of the question.



Option	Total	Percent
Yes	87	42.23%
No	20	9.71%
Not Answered	99	48.06%

c) Moving to a new or different place to live?

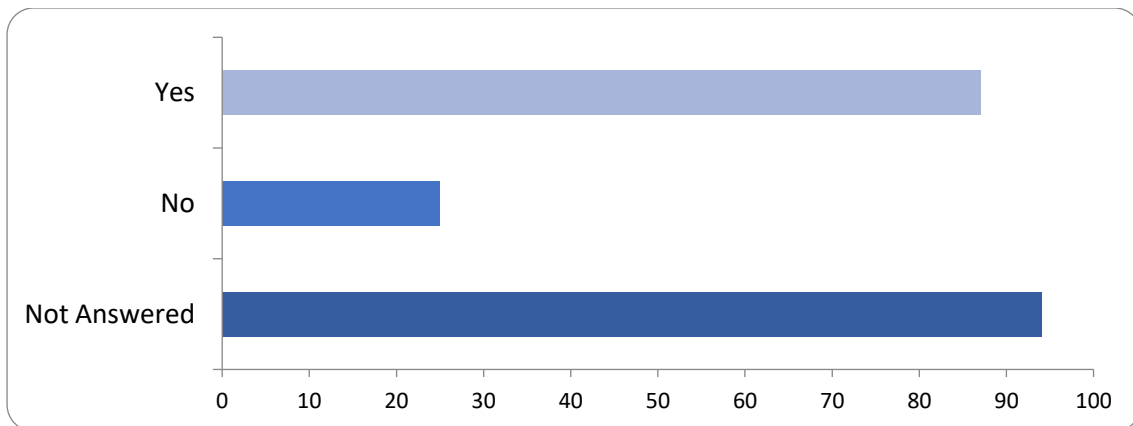
There were 139 responses to this part of the question.



Option	Total	Percent
Yes	123	59.71%
No	16	7.77%
Not Answered	67	32.52%

d) Managing or adapting to change in employment or within the workplace?

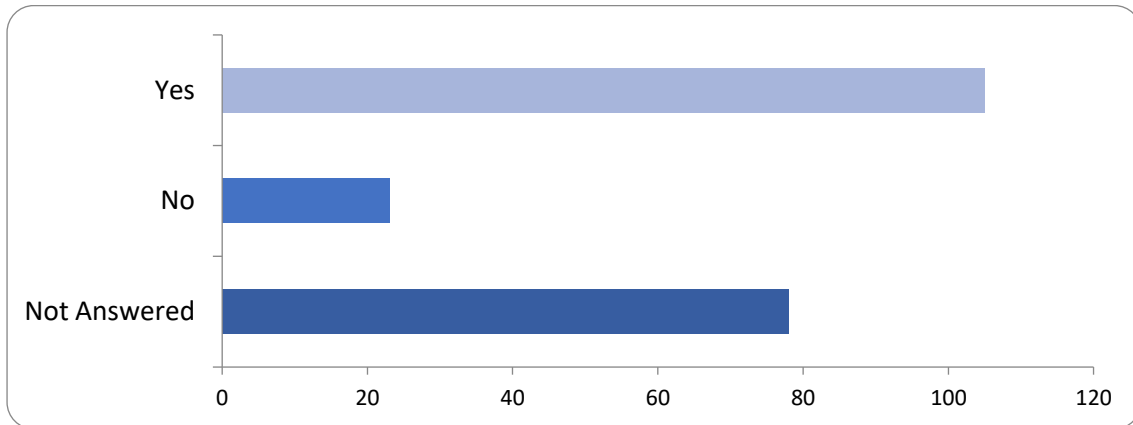
There were 112 responses to this part of the question.



Option	Total	Percent
Yes	87	42.23%
No	25	12.14%
Not Answered	94	45.63%

e) Within the health and social care sector?

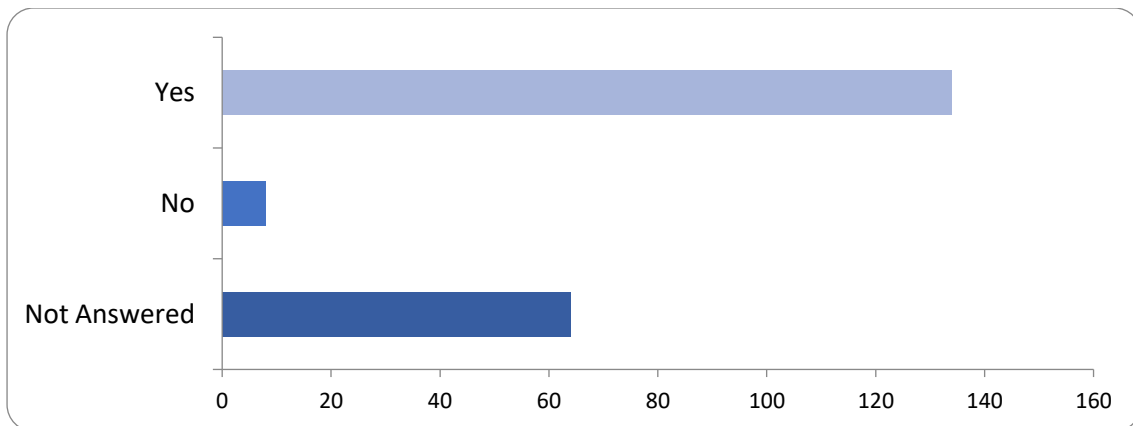
There were 128 responses to this part of the question.



Option	Total	Percent
Yes	105	50.97%
No	23	11.17%
Not Answered	78	37.86%

f) Adjusting within your community?

There were 142 responses to this part of the question.



Option	Total	Percent
Yes	134	65.05%
No	8	3.88%
Not Answered	64	31.07%

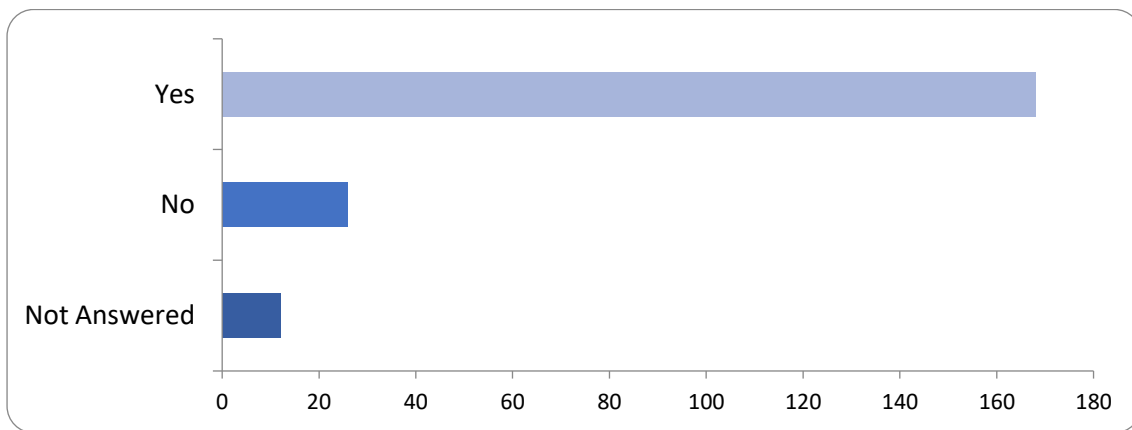
7. Educational Environment

We recognise within the educational environment, in school, college or university, that an understanding of the needs of autistic people is important to enable support to be provided that meets the needs of pupils and students. We asked if respondents had experienced any challenges in accessing support in education.

Responses were as follows:

a) Have you experienced any barriers accessing support in education which could be eased through reasonable adjustment or greater understanding?

There were 194 responses to this part of the question.



Option	Total	Percent
Yes	168	81.55%
No	26	12.62%
Not Answered	12	5.83%

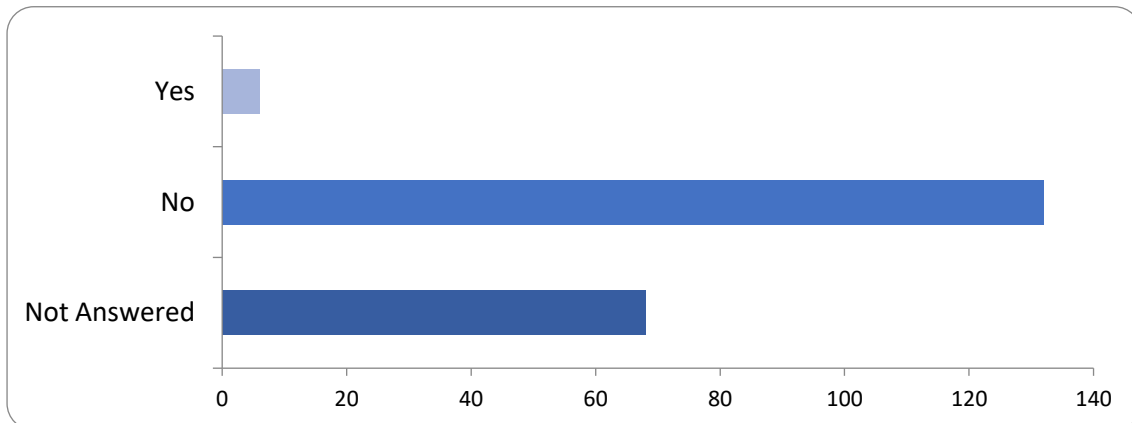
8. Careers

Provision of advice is important when making career choices and for people who are autistic, this may be more helpful if delivered in alternative ways. We asked respondents to tell us if they considered the current mode of delivery helpful.

Responses were as follows:

a) Is the current mode of delivery for careers information and advice meeting the needs of autistic people?

There were 138 responses to this part of the question.



Option	Total	Percent
Yes	6	2.91%
No	132	64.08%
Not Answered	68	33.01%

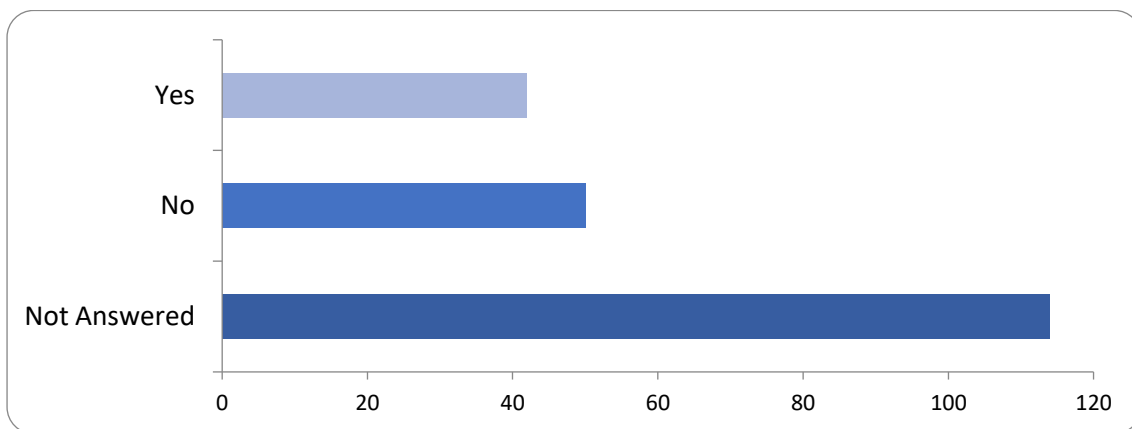
9. Employment

Employment and the work environment can present challenges to autistic people. We asked respondents if they had experienced any difficulty in gaining employment, or if employed in a workplace, as a result of an autism diagnosis.

Responses were as follows:

a) Have you experienced any challenges or difficulty in gaining employment as a result of an autism diagnosis?

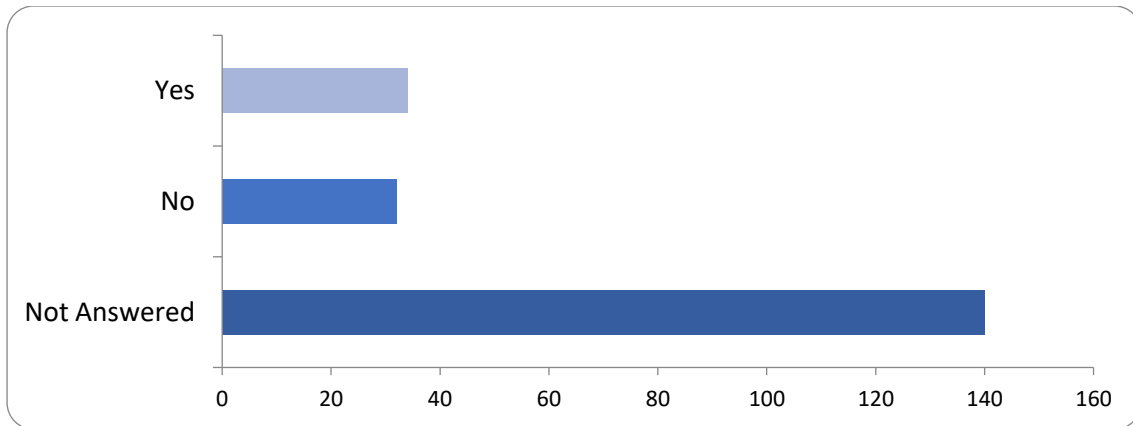
There were 92 responses to this part of the question.



Option	Total	Percent
Yes	42	20.39%
No	50	24.27%
Not Answered	114	55.34%

b) Have you experienced any challenges or difficulty in the workplace as a result of an autism diagnosis?

There were 66 responses to this part of the question.



Option	Total	Percent
Yes	34	16.50%
No	32	15.53%
Not Answered	140	67.96%

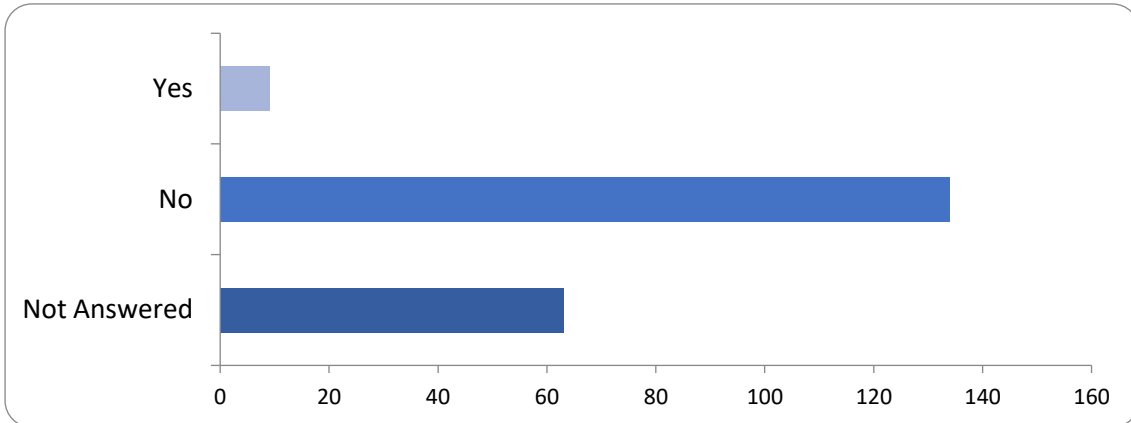
10. Housing

Housing choices and accessing advice can be challenging for autistic people, so we asked respondents to tell us if they had experienced difficulty.

Responses were as follows:

a) Do you know what the current range of housing and independent living accommodation available is?

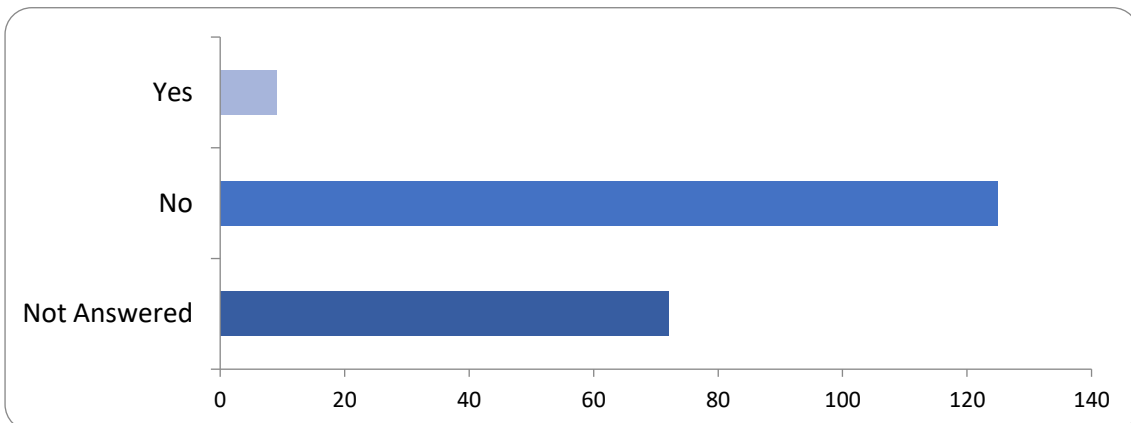
There were 143 responses to this part of the question.



Option	Total	Percent
Yes	9	4.37%
No	134	65.05%
Not Answered	63	30.58%

b) Do you know where to access information in relation to housing and independent living accommodation?

There were 134 responses to this part of the question.



Option	Total	Percent
Yes	9	4.37%
No	125	60.68%
Not Answered	72	34.95%

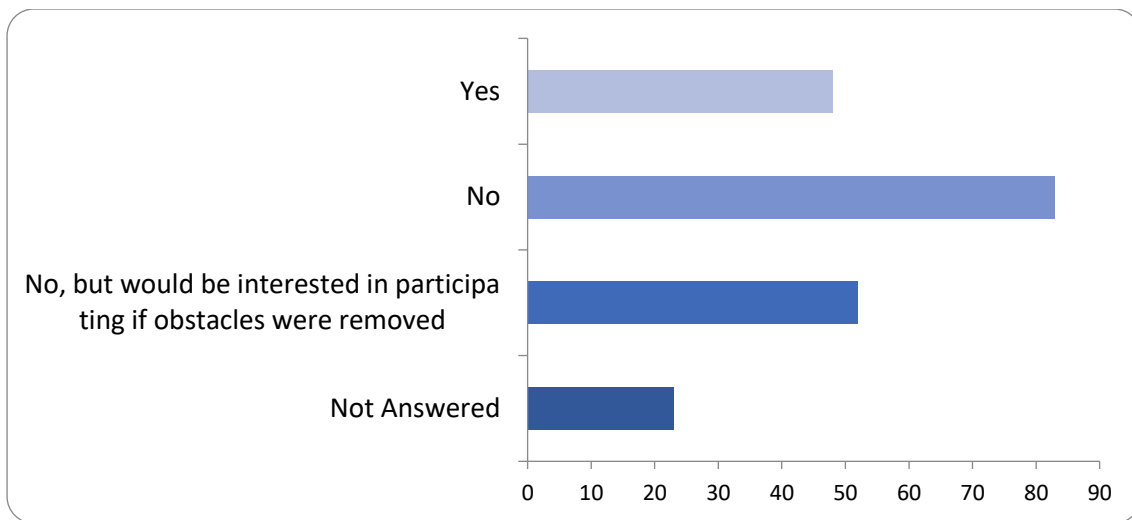
11. Our community

We want autistic people to feel comfortable and confident about accessing recreational and cultural activities within our community and to address inequality and obstacles which may present challenges, so we asked if they participated.

Responses were as follows:

a) Do you participate in arts or cultural activities?

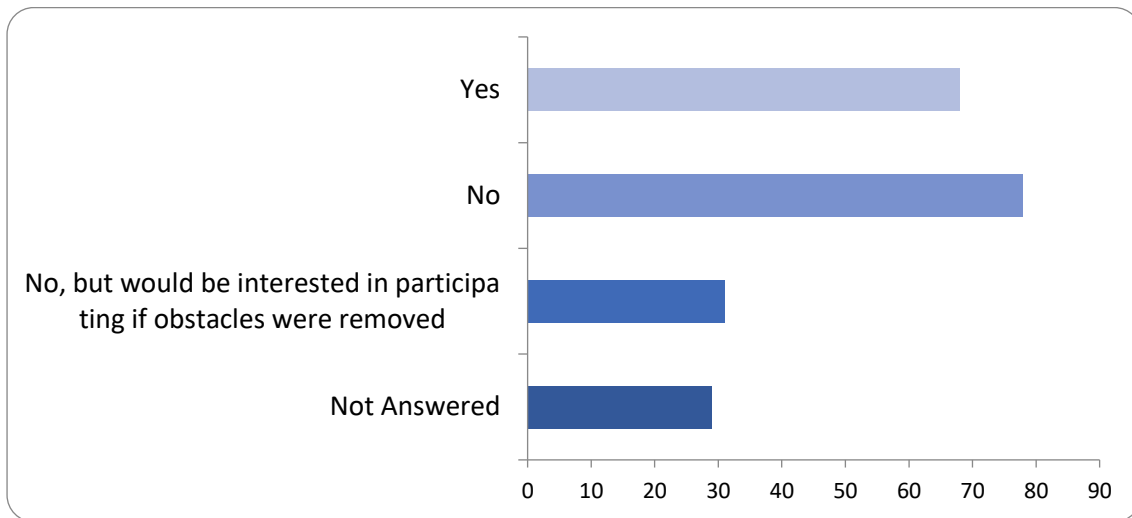
There were 183 responses to this part of the question.



Option	Total	Percent
Yes	48	23.30%
No	83	40.29%
No, but would be interested in participating if obstacles were removed	52	25.24%
Not Answered	23	11.17%

b) Do you participate in sporting or physical activities?

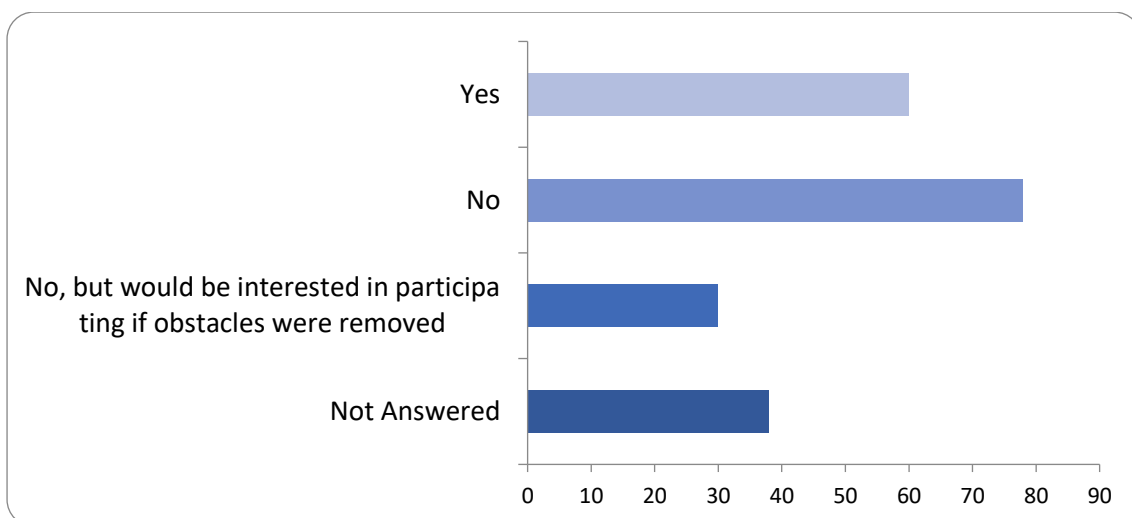
There were 177 responses to this part of the question.



Option	Total	Percent
Yes	68	33.01%
No	78	37.86%
No, but would be interested in participating if obstacles were removed	31	15.05%
Not Answered	29	14.08%

c) Do you participate in activities or groups within your community?

There were 168 responses to this part of the question.



Option	Total	Percent
Yes	60	29.13%
No	78	37.86%
No, but would be interested in participating if obstacles were removed	30	14.56%
Not Answered	38	18.45%