Autism Spectrum Condition: support within the Channel process

November 2021

Ipsos MORI

Contents

Executive summary

Overview of the research

The Home Office commissioned Ipsos MORI to understand how best to support autistic people within the Channel programme and the extent to which the current intervention approach for people referred to Channel was suitable. Ipsos MORI conducted a quantitative survey with Channel practitioners that received 125 responses (out of 175 local authorities (LAs) invited to take part) and 23 qualitative stakeholder in-depth interviews with 15 Channel practitioners and eight Intervention Providers (IPs).

It is important to note that the quantitative results are indicative only. They represent feedback from the LA representatives, drawing on historical case files, notes or information and are subject to human error. It is also not possible to put these results in context: it is unknown whether the estimated prevalence is linked to higher risk among this cohort or higher levels of reporting, Channel panel referrals and adoptions into the Channel case load.

Key findings

Survey findings indicated that an estimated 14% of Channel cases had diagnosed Autism Spectrum Condition (ASC). In 12% of cases Channel practitioners considered that someone might be autistic although they lacked a clinical diagnosis[1]. The survey results suggest that autistic individuals in the Channel process were more likely than the wider Channel population to be younger, male, White British and be referred due to right-wing concerns[2].

Stakeholders involved in the qualitative interviews stressed that support from Channel was individually tailored. The multi-agency links and expertise of Channel panels helped practitioners to assess individual vulnerabilities and needs and identify suitable, tailored support. These links also helped Channel practitioners put in place a package of 'wraparound' support, widely considered beneficial for autistic people who often had multiple needs. Multi-agency connections also helped to streamline support, overcoming long waiting lists.

The expertise and connections of Chanel panels varied between areas, as did the specialised autism support and wider community support available for autistic people. Where expertise and understanding of autism was limited, and/or where Channel panel practitioners lacked connections to autism experts and specialist services, there was a higher risk of autistic people not getting the support they needed and disengaging from support.

Similarly, IP support was felt to work well where appropriately matched by the Channel Chair or Coordinator. However, was not always considered suitable, depending on the perceived expertise of the IP, or the additional needs of the individual.

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[1] Respondents were asked to indicate whether individuals had received a clinical diagnosis or whether they were deemed to be autistic by practitioners but did not have a clinical diagnosis. Although all findings are subject to human error, figures relating to those without a confirmed diagnosis should be treated with particular caution as the level of certainty relating to these figures is unknown. In addition, Channel practitioners may not have the expertise to make this assumption.

[2] Survey results are compared with official Home Office Channel statistics on the case load in FY 19/20. However, these datasets are not directly comparable; the survey relies on reported estimations from Channel practitioners and is subject to human error. Comparisons made between the two are intended to provide context to the findings only.

Channel practitioners with a background in education or safeguarding generally felt more confident supporting autistic people, based on their experience, training and connections. IPs we spoke to were mostly autism specialists or had extensive autism experience and were therefore highly confident[3].

All IPs, Channel Coordinators and Channel Chairs were aware of the Home Office National Autistic Society (NAS) training. Most had attended and found the training helpful, particularly hearing varied personal experiences of autistic people, and the practical tips and strategies provided.

The findings suggest a number of recommendations which, if implemented, could improve support for autistic people within Channel. The recommendations are summarised below.

Recommendations for policy

How should current interventions be adapted or supported to meet the needs of autistic people?

- The Home Office could consider identifying a pool of ASC experts that Channel panels can access and invite to sit on panels to provide an informed perspective on the needs of autistic people.
- The Home Office could consider providing more guidance to Channel panels about the role of IPs, that there are autism specialists and IPs with extensive experience alongside ideological specialists; that more than one IP can work together to support an individual; that IPs are not in a position to provide a diagnosis or advice on diagnosis; and guidance on how long IP support typically lasts for different types of cases and the step-down process for support
- The Home Office could consider developing a resource of national and regional support organisations that are equipped to support autistic and neuro-divergent people, to share with IPs and Channel Panels to use when looking to identify suitable support for autistic people.
- Where strong multi-agency processes are lacking, the Home Office could consider providing additional support and guidance to Channel Chairs and Coordinators to develop these links.
- The Home Office could consider supporting Channel panels to access support from Prevent 'Vulnerability Support Hubs', where available.
- The Home Office could consider developing and piloting an 'advocate' role to support autistic people navigate the Channel process and the support provided.
- Where people within channel reject an autism diagnosis, the Home Office could consider drawing on 'peer mentors', who can act as positive role models for autistic people and help autistic people come to terms with their diagnosis and accept support.

How, if at all, could the training be adapted to support Channel practitioners and IPs further?

- The Home Office could consider rolling out the NAS training (or other CPD accredited training which is co-produced with autistic people) to wider Channel panel members (beyond Channel Chairs and Coordinators). To support a wider roll-out and encourage Channel practitioners to take part, the Home Office could consider how to best communicate the benefits of the training and relevance to Channel practitioners' roles, and/ or making the training mandatory.
- The Home Office could consider providing refresher training to promote continuous learning.

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[3] IPs are recognised as autism 'specialists' where they have recognised qualifications (such as a clinical psychologist background), have completed accredited training, or developed experience working with autistic people in a criminal justice or care setting. IPs are recognised to have 'extensive experience' of autism if they have a number of years' experience supporting autistic people in their IP role, or in a wider role (such as working as mentors).

What additional support would help Channel practitioners and IPs meet the needs of autistic people?

- The Home Office could consider developing a digital resource pack on autism for IPs and Channel practitioners, to promote understanding.
- The Home Office could consider developing a network for IPs to meet and discuss their work, particularly around autism, and to provide more information on the remit of their role.
- The Home Office could encourage IPs to undertake and sign up to mentoring opportunities with other IPs.
- The Home Office could consider adding a specific section in the Vulnerability Assessment Framework to record neurodivergence, to promote consistent assessments and help ensure that vulnerabilities related to autism are not missed.

Analytical recommendations

- The Home Office could consider designing a consistent process for collecting and collating feedback from people supported by Channel as part of the three- and six-month review period.
- To involve autistic people in the design of support available to them, the Home Office could consider speaking to autistic people who have been through the Channel process (recognising that they are a diverse group who do not all think the same way), and/ or collating feedback from "advocate" or "peer mentor" roles (outlined above).
- To enable support to be focused where it is needed, the Home Office could consider including relevant questions in the Prevent Duty survey about support for autistic people and other groups.
- The Home Office could consider collecting and sharing anonymised case study examples of approaches that have worked well in cases involving ASC, to share with Channel panels and IPs.
- The Home Office could consider evaluating the training to understand its impact (for example, through pre-, post and follow-up feedback questionnaires).

1 Introduction and methodology

This chapter provides an overview of the background to the research and the methodological approach. Further details on the methodology can be found in Annex A and the research materials (questionnaire and discussion guides) are in Annex B.

1.1 Background and policy context

Anecdotal evidence from Channel Panels and Intervention Providers (IPs) suggested there was an over-representation of individuals with diagnosed Autism Spectrum Condition (ASC)/ people with autistic traits within the Channel programme[4]. In addition, Local Authorities (LAs) and Channel practitioners raised concerns to the Home Office regarding the appropriateness of interventions for autistic people within the Channel programme. As a result of these concerns, the Home Office wished to understand how best to support autistic people (including both those with diagnosed ASC and those deemed to be autistic without a clinical diagnosis) and the extent to which the current intervention approach was suitable.

1.2 Research objectives

The Home Office commissioned Ipsos MORI to conduct a quantitative survey with Channel practitioners and 25 qualitative stakeholder interviews with 15 Channel practitioners and 10 Intervention Providers (IPs). The overall objectives of both strands were:

- **Quantitative survey** – to estimate the prevalence of individuals with ASC within the Channel caseload in England and Wales (including those with a confirmed diagnosis and those deemed to be autistic but without a confirmed diagnosis).
- **Qualitative interviews** – to understand to what extent current Channel Panel support, including the use of IPs, is appropriate for autistic individuals within the Channel programme[5], and the extent to which current support and training on ASC for practitioners is sufficient.

The **quantitative survey** was administered in two stages, with an initial pilot conducted to test the usability of the questionnaire. The pilot fieldwork took place between 18 January – 12 February 2021[6]. The mainstage survey was sent to 174 Channel panels who recorded Channel cases in the Financial Year 19/20. Fieldwork began on 1 March 2021 and was extended to 23 May 2021 to allow sufficient time for LAs to complete the survey. In total, 125 survey responses were received.

Prospective participants for **qualitative interviews** were first contacted by the Homeland Security Analysis and Insight (HSAI) team to invite Channel practitioners and IP stakeholders to participate in an interview. Stakeholders who opted-in to an interview were shortlisted against prior agreed quotas (contained in Annex A). A total of **23 qualitative stakeholder interviews** were conducted, with 15 Channel practitioners and 8 IPs. Fieldwork took place on MS teams, or by telephone, between **May and July 2021**.

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[4] Autism is a lifelong developmental disability which affects how people communicate and interact with the world. One in 100 people are on the autism spectrum and there are around 700,000 autistic adults and children in the UK - https://www.autism.org.uk/advice-and-guidance/what-is-autism

[5] The project focused on ASC specifically within the Channel caseload and did not include the wider Prevent system. Additionally, Counter Terror Arrests/ Convictions of individuals with ASC/ TACT offenders or individuals going through the MAC or DDP programmes were not in scope for this research project.

[6] During the pilot, a shortlist of 10 local authorities were invited to participate. Three completed the survey and provided feedback.

1.3   Note on the quantitative and qualitative findings

The quantitative results provide an estimate of the prevalence of ASC in the Channel case load in the FY 19/20. All findings relating to the profile of individuals with ASC (whether with a reported diagnosis or without a formal diagnosis) are indicative only. Cases without a formal diagnosis may reflect those undergoing diagnoses, as well as the opinions of Channel practitioners. It is important to note that Channel practitioners responding to the survey are not necessarily experts in diagnosing autism.

Survey findings represent feedback from the local authority representatives, drawing on historical case files, notes or information. There are some notable limitations associated with this: historical case files may not include all relevant details; formal diagnoses may not have been flagged to Channel; and there are barriers to formal ASD diagnoses for some groups (e.g. older people, women and ethnic minorities)[7]. It is also not possible to put these results in context: it is unknown whether the estimated prevalence is linked to higher risk among this cohort or higher levels of reporting, Channel panel referrals and adoptions into the Channel case load. This research therefore cannot and does not imply a causal link between autism and extremist behaviour, or that autistic people are at an increased risk of radicalisation

Where relevant, the survey results are compared with official Home Office Channel statistics on the case load in FY 19/20. However, these datasets are not directly comparable; the survey relies on reported estimations from Channel practitioners and is subject to human error (as set out above). Comparisons made between the two are intended to provide context to the findings only.

When considering the **qualitative data** throughout the report, it is important to bear in mind its descriptive and illustrative nature. These findings are based on the perceptions of the stakeholders spoken to and relate to their professional experience of working within their field. As such, the qualitative findings are not statistically representative and should be considered within this context.

1.4   Note on language

As noted by the NHS website, autism is a spectrum. This means that every autistic person is different[8]. This report uses the term Autistic Spectrum Condition (ASC) to refer to conditions on the autism spectrum.

In line with the guidelines published on their National Autistic Society website[9], throughout this report we have sought to use "identity first" language, referring to "autistic people" (putting the disability or condition first) as opposed to "person-first" language ("person with autism").

Research has found that autistic people have different preferences with regards to the language surrounding autism[10]. Therefore, the National Autistic Society recommend asking people what language they prefer.

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[7] https://www.autism.org.uk/advice-and-guidance/what-is-autism/autistic-women-and-girls/ and https://www.autism.org.uk/advice-and-guidance/what-is-autism/autism-and-bame-people

[8] https://www.nhs.uk/conditions/autism/what-is-autism/

[9] https://www.autism.org.uk/what-we-do/help-and-support/how-to-talk-about-autism

[10] Kenny, L. et al. (2015) Which terms should be used to describe autism? Perspectives from the UK autism community, available at: https://journals.sagepub.com/doi/abs/10.1177/1362361315588200?journalCode=auta

2 Autism Spectrum Condition within the Channel process

This chapter outlines key findings from the survey and qualitative interviews about the perceived prevalence of ASC within Channel cases (including those with diagnosed ASC and those deemed to be autistic by Channel practitioners but did not have a clinical diagnosis).

2.1 Key findings

- An estimated 14% of all individuals adopted into Channel in FY 19/20 had an autism diagnosis, while 12% were deemed to be autistic by Channel practitioners but did not have a clinical diagnosis (12%).

- Almost half (46%) of autistic individuals with a diagnosis across the LAs who replied to the survey were referred by the education sector (46% of those without a clinical diagnosis). Although not directly comparable[11], this suggests that autistic individuals are more likely to be referred by the education sector.

- The survey results suggest that right wing concerns may be over-represented among Channel cases involving ASC (55% of those with a diagnosis compared to 43% of all adopted Channel cases). In comparison, Islamist inspired extremist concerns may be under-represented among Channel cases involving ASC (13% compared to 30% of all adopted cases).

- Respondents reported that the majority of adopted Channel cases with reported diagnosed ASC were male (98%), White British (77%) and aged 18 or under (64%). This suggests that those with ASC in the Channel process were more likely to be male than the wider Channel population (there was a 90% male and 10% female gender split found across all adopted cases in FY 19/20).

- Two thirds of autistic individuals with a diagnosis in Channel (64%) were reported to be 18 or younger (compared to 54% of all Channel cases who were aged 18 years or under). This is likely to be driven by reporting from the education sector (which accounted for 46% of reported referrals involving ASC). Stakeholders interviewed attributed this to better understanding in schools and access to autism diagnosis and support services for children and young people.

- Both qualitative and quantitative findings revealed that there was no particular type of support that autistic people were more likely to receive. In qualitative interviews, stakeholders stressed that support was individually tailored and not a "one size fits all" approach.

2.2 Estimated proportions of autistic individuals in the Channel process

Results indicate that a quarter (14%) of adopted Channel cases in the Financial year (FY) 2019/2020 across the LAs who responded to the survey had an autism diagnosis[12] , while in 12% of cases, people were deemed to be autistic by Channel practitioners but did not have an autism

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[11] These datasets are not directly comparable as the survey relies on reported estimations from Channel practitioners and is subject to human error. The survey results for total adopted cases are larger than the published stats; it is likely that when LAs responded to the survey they also included cases discussed at panels. Comparisons made between the two are intended to provide context to the findings only.

[12] *All findings are indicative. These only provide estimates relating to the prevalence of diagnosed ASD or of individuals deemed to be autistic by Channel practitioners but without a clinical diagnosis in the Channel caseload in FY19/20. Any information relating to reported individuals are indicative. They reflect only the responses of the individuals who responded on behalf of the 125 LAs who took part in this research.
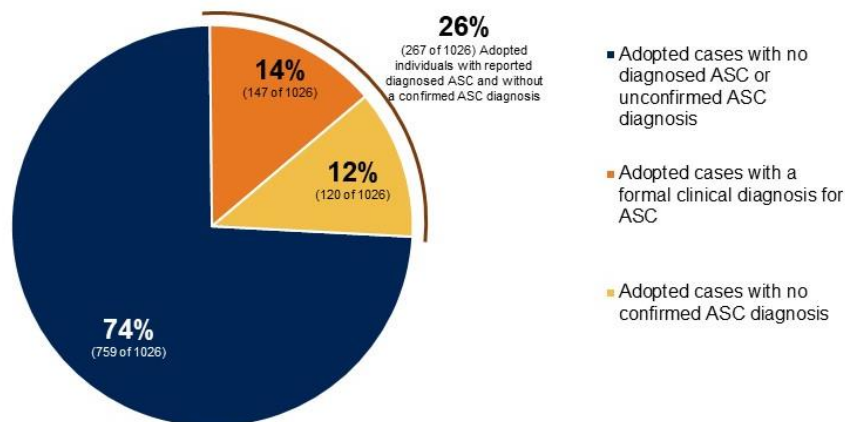
diagnosis (see Figure 2.1)[13]. In comparison, it is estimated that about 1% of the UK's population are autistic, with around 700,000 people on the autism spectrum living in the UK[14] [15]. This suggests that there is an over-representation of autistic individuals within the Channel system. However, as noted in the introduction, this survey does not provide any further insight into reasons behind the results. It does not and cannot imply a causal link between autism and extremist behaviour, or that autistic people are at an increased risk of radicalisation. Indeed, it is possible that the over-representation of individuals is due to a higher referral rate of autistic individuals into Channel and there is some evidence in the qualitative research that autistic individuals could be inappropriately referred into the Channel system (see Section 3.4).

In addition, research by UCL found that autistic individuals were not overly represented among lone actor terrorists and a rapid evidence review commissioned by the Open Innovation Network notes that there is no conclusive evidence of a link between ASC and radicalisation[16] [17]. The review sets out that,while it has been established that some autistic traits and behaviours could increase a person's vulnerability to radicalisation, media coverage, fundamental attribution error and confirmation bias can also exaggerate any link. The evidence review also notes that current research is based on studies with small sample sizes and anecdote with little empirical evidence. It suggests a need for more comprehensive data to establish whether there is any link.

Figure 2.1: Estimated cases adopted into Channel in FY 19/20 with diagnosed or suspected ASC

Q3. In the 12 months between 1st April 2019 and 31st March 2020, please enter the number of Channel cases adopted.

% all 1026 individuals adopted into Channel across the 124 LAs who responded to the survey

26% (267 of 1026) Adopted individuals with reported diagnosed ASC and without a confirmed ASC diagnosis

14% (147 of 1026)

12% (120 of 1026)

74% (759 of 1026)

- Adopted cases with no diagnosed ASC or unconfirmed ASC diagnosis
- Adopted cases with a formal clinical diagnosis for ASC
- Adopted cases with no confirmed ASC diagnosis

Base: Total individuals adopted into Channel (1026)

Mostly, the estimated proportion of Channel cases with diagnosed ASC or those without formal diagnosis did not vary significantly by region. However, **local authorities within the South East reported that half (49%) of cases adopted into Channel had diagnosed ASC or were individuals deemed to be autistic but without a formal diagnosis** (significantly higher than the estimated national

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[13] It is important to note that Channel practitioners may not have the expertise to make an assumption about whether or not someone is autistic.
[14] https://www.autism.org.uk/advice-and-guidance/what-is-autism, https://digital.nhs.uk/data-and-information/publications/statistical/autism-statistics/quarter-3-october-to-december-2020-21
[15] When calculating prevalence of autism in the UK, NHS Digital acknowledged that there is no comprehensive record of all patients with recorded diagnosis of autism and therefore this figure represents only a partial picture from those providers that have submitted data and is therefore likely to be an underrepresentation of prevalence within the UK population
[16] https://www.apa.org/pubs/journals/releases/amp-amp0000090.pdf
[17] Open Innovation Network, Cabinet Office, 2021, Autism spectrum disorder and radicalisation: vulnerabilities and effective interventions, Rapid Review
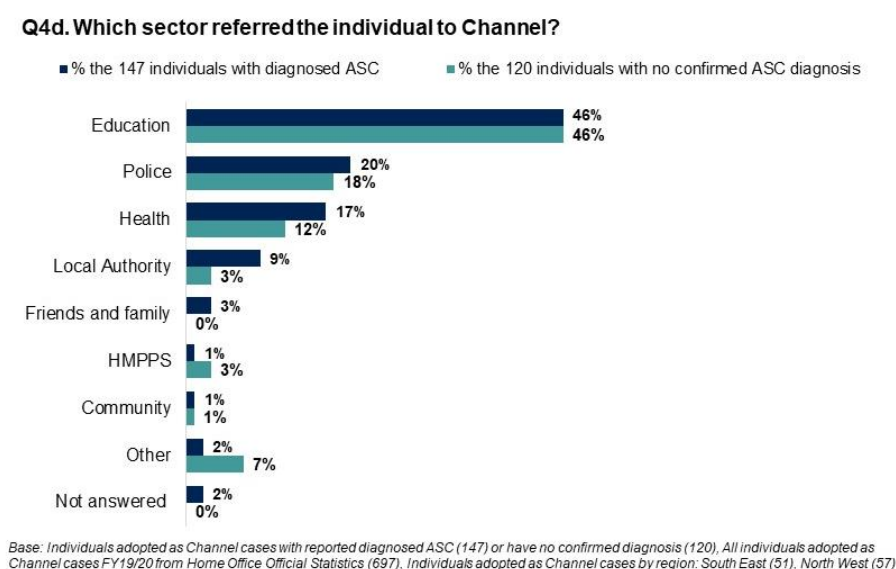
average of 26%). Comparatively, the East of England reported a significantly lower proportion of reported ASC Channel cases (13% compared with 26%).

During the qualitative fieldwork, a number of stakeholders reflected on how a lack of formal diagnoses (particularly for older people and women); individual or parental rejection of a formal diagnoses and a lack of professional awareness or understanding about ASC could potentially lead to under-reporting within the Channel caseload[18].

2.2.2 Estimated profile of autistic individuals in the Channel process

Almost half (46%) of autistic individuals with a diagnosis across the LAs who replied to the survey were referred by the education sector (46% of those without a clinical diagnosis) – see Figure 2.2. Although not directly comparable[19], this suggests that autistic individuals are more likely to be referred by the education sector and less likely to be referred by the police compared to the Channel cohort overall (32% of individuals adopted as Channel cases in 19/20 were referred by the education sector, while 28% were referred by the police)[20]. This was supported by stakeholders during the qualitative fieldwork, who suggested that the over-representation of younger people with an ASC diagnosis was likely due to better understanding of neuro-divergent conditions and Special Education Needs (SEN) and better autism diagnosis in schools, as well as better autism support services for children and young people. In contrast, stakeholders felt that older autistic people (particularly over 50 years old) were less likely to have a diagnosis.

Figure 2.2: Sector of referral for estimated autistic individuals adopted into the Channel process in FY 19/20

Q4d. Which sector referred the individual to Channel?

■ % the 147 individuals with diagnosed ASC   ■ % the 120 individuals with no confirmed ASC diagnosis

Sector	% diagnosed ASC	% no confirmed diagnosis
Education	46%	46%
Police	20%	18%
Health	17%	12%
Local Authority	9%	3%
Friends and family	3%	0%
HMPPS	1%	3%
Community	1%	1%
Other	2%	7%
Not answered	2%	0%

Base: Individuals adopted as Channel cases with reported diagnosed ASC (147) or have no confirmed diagnosis (120), All individuals adopted as Channel cases FY19/20 from Home Office Official Statistics (697), Individuals adopted as Channel cases by region: South East (51), North West (57)

In the survey, **right wing extremism was reportedly the most prevalent concern** amongst individuals with diagnosed ASC (55% and 51% of those without a clinical diagnosis) in the FY year 19/20 (see Figure 2.3). This was followed by mixed, unstable or unclear ideology (MUU) (28% of those with a

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[18] It is also possible that there is an over-reporting in some instances as being neurodivergent could be confused with meeting a criteria for autism by Channel practitioners

[19] These datasets are not directly comparable as the survey relies on reported estimations from Channel practitioners and is subject to human error. The survey results for total adopted cases are larger than the published stats; it is likely that when LAs responded to the survey they also included cases discussed at panels. Comparisons made between the two are intended to provide context to the findings only.
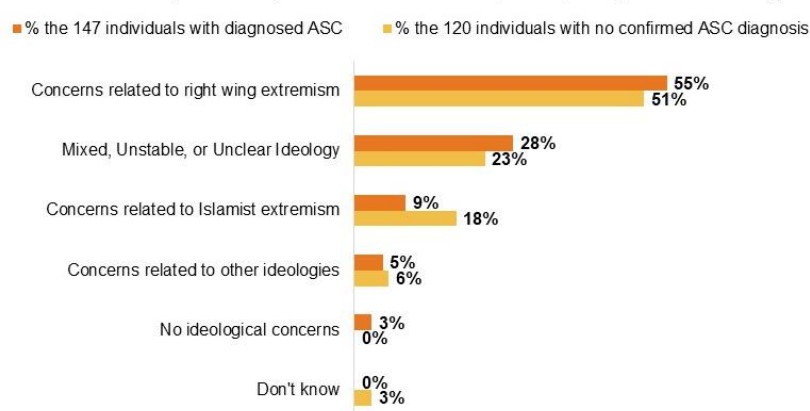[20] https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-the-prevent-programme-april-2019-to-march-2020/individuals-referred-to-and-supported-through-the-prevent-programme-april-2019-to-march-2020

reported diagnosis and 23% of those without a confirmed diagnosis). One in 10 of those with a reported diagnosis were referred due to Islamist extremist concerns (9%), while those without a confirmed diagnosis were twice as likely to have been flagged as having Islamist extremist concerns (18%). There were no other significant differences between those reported to have a formal diagnosis and those without.

Overall, this suggests that autistic individuals may be more likely to be referred to Channel with right wing extremism concerns, as 43% of all adopted cases had right-wing radicalisation concerns in 19/20. There were also reportedly lower levels of Islamist extremist concerns compared to all adopted Channel cases (30% of all adopted cases were referred with Islamist radicalisation concerns in 19/20)[21].

Figure 2.3: Ideological concerns of estimated autistic individuals adopted into the Channel process in FY 19/20

Q4f. At the time they were adopted as a Channel case, which, if any, of the following ideological concerns applied to the individual?

■ % the 147 individuals with diagnosed ASC   ■ % the 120 individuals with no confirmed ASC diagnosis

	% diagnosed ASC	% no confirmed ASC
Concerns related to right wing extremism	55%	51%
Mixed, Unstable, or Unclear Ideology	28%	23%
Concerns related to Islamist extremism	9%	18%
Concerns related to other ideologies	5%	6%
No ideological concerns	3%	0%
Don't know	0%	3%

Base: Individuals adopted as Channel cases with reported diagnosed ASC (147), Individuals adopted as Channel cases with reported no confirmed diagnosis (120)

In terms of **ethnicity**, survey respondents reported that **the majority of autistic individuals within Channel were White British** (77% of those with a diagnosis and 58% of those without) – Figure 2.4[22]. As such, among individuals recorded as White British, there were significantly higher individuals with a formal diagnosis compared to those without a clinical diagnosis. There were no other significant differences between those with diagnosed ASC and those without a formal diagnosis among other ethnicities. It is also not possible to provide comparisons to the wider Channel population due to lack of available data.
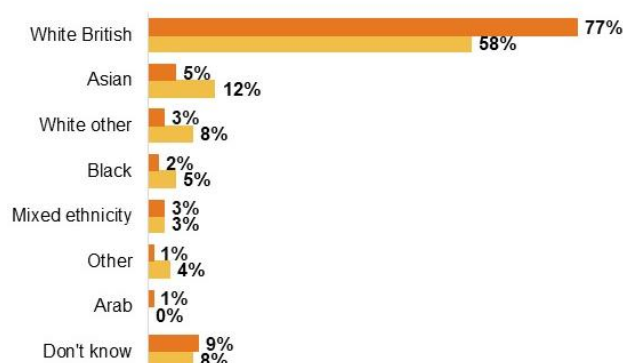
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[21] https://www.gov.uk/government/statistics/individuals-referred-to-and-supported-through-the-prevent-programme-april-2019-to-march-2020/individuals-referred-to-and-supported-through-the-prevent-programme-april-2019-to-march-2020

[22] It is important to note that information on ethnicity may not always be recorded in case notes and may be based on interpretation or recollection of the individual responding to the survey on behalf of each LA. In addition, comparisons to the wider Channel cohort cannot be drawn as data on ethnicity is not published.

Figure 2.4: Ethnic breakdown of estimated autistic individuals in the Channel process in the FY 19/20

Q4c. Which of the following best describes their ethnicity

■ % the 147 individuals with diagnosed ASC ■ % the 120 individuals with no confirmed ASC diagnosis

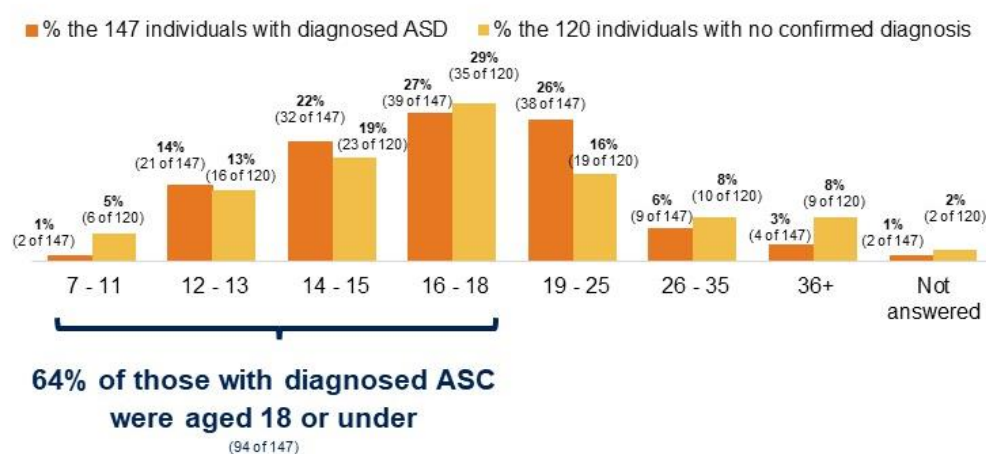| Ethnicity	Diagnosed ASC	No confirmed diagnosis
White British	77%	58%
Asian	5%	12%
White other	3%	8%
Black	2%	5%
Mixed ethnicity	3%	3%
Other	1%	4%
Arab	1%	0%
Don't know	9%	8%

Base: Individuals adopted as Channel cases with reported diagnosed ASC or have no confirmed diagnosis (267), Individuals adopted as Channel cases with reported diagnosed ASC (147), Individuals adopted as Channel cases with reported no confirmed diagnosis (120),

Two thirds (64%) of autistic individuals with a diagnosis were 18 years or younger (67% of those with no confirmed diagnosis) – Figure 2.5. This is a younger age profile compared to Channel cases overall (54% of all Channel cases were aged 18 years or younger[23]). **It is likely that the younger age profile of autistic individuals in the Channel process was likely in part driven by higher referral rates from the education sector**.

Figure 2.5: Estimated age profile of individuals with autistic individuals in the Channel process in the FY 19/20

Q4b. At the time they were adopted as a Channel case, how old was the individual?

■ % the 147 individuals with diagnosed ASD ■ % the 120 individuals with no confirmed diagnosis

Age	Diagnosed ASD	No confirmed diagnosis
7 - 11	1% (2 of 147)	5% (6 of 120)
12 - 13	14% (21 of 147)	13% (16 of 120)
14 - 15	22% (32 of 147)	19% (23 of 120)
16 - 18	27% (39 of 147)	29% (35 of 120)
19 - 25	26% (38 of 147)	16% (19 of 120)
26 - 35	6% (9 of 147)	8% (10 of 120)
36+	3% (4 of 147)	8% (9 of 120)
Not answered	1% (2 of 147)	2% (2 of 120)

64% of those with diagnosed ASC were aged 18 or under
(94 of 147)

Base: Individuals adopted as Channel cases with reported diagnosed ASC or have no confirmed diagnosis (267), Individuals adopted as Channel cases with reported diagnosed ASC (147), Individuals adopted as Channel cases with reported no confirmed diagnosis (120),

Survey respondents reported that the vast majority of adopted Channel cases with diagnosed ASC (98%) or without a formal diagnosis (95%) were male. This suggests that the gender profile of individuals with ASC in the Channel process may be more likely to be male: both compared to adopted

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Channel cases overall (90% male and 10% female in FY19/20[24]) and the estimated profile of autistic individuals in the general population (estimated to be 3:1 male to female ratio in the UK[25]). One IP interviewed during the qualitative fieldwork suggested that autistic women were more likely than autistic men to be misdiagnosed, for example as having depression or a personality disorder.

2.2.3 Current support available to autistic individuals the Channel process

The survey found **there was no particular type of support individuals with diagnosed ASC or those deemed to be autistic but without a formal diagnosis were more likely to receive**. Respondents reported that: 52% received support from an IP, 51% received existing support through statutory partners and 46% received new support put in place through statutory partners[26].

This was also reflected in interviews with Channel practitioners, who stated that **support was individually focused and there was no "one size fits all" approach**. For autistic people Channel Panels might draw on a range of support including: IPs; Children and Young People Mental Health Services (CYPMHS); LA autism teams (where available); mental health teams; child and adult safeguarding and social services; and local charities and community groups (support is explored further in Chapter 4).

"The next one might require me to take him to a bus company and ask them to take him out for the day [...]. I honestly couldn't tell you, it is literally whatever the subject requires we'll just do it."
Channel practitioner

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[24] Ibid.

[25] There is a lack of consensus regarding the ratio of males with ASC to females. The most up-to-date estimate is 3:1
https://discovery.ucl.ac.uk/id/eprint/1558343/1/Loomes.pdf

[26] Data on the support received by the wider cohort of cases adopted by Channel are not available.

3 Suitability of support for autistic people within the Channel process

This chapter outlines findings from the survey and interviews about the extent to which stakeholders felt support for autistic people within the Channel process was suitable. It also outlines alternative interventions and ways that stakeholders suggested current interventions could be adapted or supported to better meet the needs of autistic people.

3.1 Key findings

- Stakeholder views about the adequacy of support for autistic people within Channel were mixed. Stakeholders attributed this to the wide variation in the expertise and connections of Chanel panels between areas, alongside differences in the specialised autism support and wider community support available for autistic people.

- Stakeholders considered the multi-agency links and expertise of Channel panel members to be key to identifying suitable support for autistic people and streamlining provision. This included where the Channel chair or coordinator appropriately matched IPs based on individual needs and IP expertise.

- Channel practitioners did not always view IPs as the most suitable support option for autistic people. This was due to the perceived expertise of available IPs, the additional needs of the individual, or Channel practitioner' lack of understanding of the IP role.

- Having a package of 'wraparound' support for autistic people was widely considered beneficial. Examples included: support to address social isolation and activities and hobbies that provide a distraction from extremist fixations; and support involving family and carers.

- Barriers to autistic people accessing appropriate support included: long waiting lists for an autism diagnosis; low capacity among relevant services; high thresholds for referrals for mental health and learning needs support; and people not consenting to support.

- Suggestions for alternative interventions included: having an autism expert available on every panel and a support worker/ advocate role to guide autistic people through Channel process.

- Stakeholders suggested that autistic people could be included in support by asking them for feedback on the support provided. Another suggested was to recruit and train autistic people to play an advisory role for Channel panels, based on their 'lived experienced' of autism.

3.2 Overall perceptions of current interventions

Survey respondents held mixed views on whether support for autistic people referred to Channel was adequate: two in five surveyed (39%) agreed that support was adequate, while around a third (34%) said it was inadequate. This was also reflected in the qualitative interviews with stakeholders reporting that support for autistic people within Channel largely depended on the awareness and skills of Channel panel members, as well as the range of support available locally, both of which they considered to vary widely between areas. Factors that contributed to ensuring support for autistic people was suitable and appropriate, and relevant barriers, are explored in the following sections.

3.3 Factors that contributed to appropriate support for autistic people

In the qualitative interviews, both Channel practitioners and IPs agreed that **support for Channel cases worked best when it was tailored to the needs of the individual**. Individualised support meant taking into account whether a person had any additional needs (such as an autism diagnosis, other neuro-divergent conditions and physical health or mental health needs).

"If you have met one person with autism, you have met one person with autism." IP

Channel chairs and Coordinators **identified individual needs by conducting a vulnerability assessment**. This involves Channel Coordinators (in Dovetail sites) or Counter-terrorism police officers (in non-Dovetail sites) filling out a Vulnerability Assessment Framework (VAF) provided by the Channel team. To some extent, Channel Coordinators and Chairs were **reliant on the quality of the information contained in the referral form from external agencies**. Most Channel practitioners agreed that **an autism diagnosis would be clear in any referral**, which would help them complete the VAF.

Channel practitioners identified the multi-agency expertise of panel members as key to completing a risk and vulnerability assessment, as well as identifying and accessing the right support. This was because:

- **People referred to Channel, and autistic people** in particular, **often had multiple and complex needs** that overlapped and required careful coordination. Therefore, it helped to have representatives from key agencies to discuss their support, share information and work together to support an individual. It was considered important to link in support provided by Channel and IPs with wider safeguarding mechanisms, such as education, health and care plans, social care or child in need/ child protection plans.

- Having panel members with **the right expertise and links to services meant autistic people could get quicker access to autism assessments and relevant support, which could be more easily escalated**. Stakeholders mentioned how representatives from multiple agencies could "pool resources" (including funding and personal and professional networks) for a person's support. Streamlined support provision was particularly important for autistic people, as they often required consistency and were at more risk of disengaging if a clear timeframe for accessing support couldn't be provided and adhered to. Several stakeholders identified having an autism diagnosis as a key enabler for access to wider statutory support.

- **External autism experts (such as psychologists or IPs with an autism specialism) helped Channel practitioners understand the perspective of an autistic person** as well as the signs and potential triggers that may be important for working with someone and keeping them engaged with support;

"You can't support anybody, ASD or not, without finding out exactly, you know, what's wrong initially, what they need, what's missing from their life, all these things. And then with everybody coming together and offering the support that they think they might need, and hopefully do need, I think it works really well." IP

Most Channel practitioners agreed that their panels had a good standing attendance of different agencies. Some IPs described the expertise on panels as varied, while Channel practitioners highlighted that who attended a panel was often facilitated by personal relationships of the Channel chair and other panel members. Roles that were widely seen as valuable for cases involving ASC, included:

- **Children and Young People Mental Health Services (CYPMHS)**, who stakeholders considered to provide a useful perspective on autism and wider mental health or learning difficulties in cases involving children and young people;

- **Mental health services and community mental health teams**, as many cases involving autism also had mental health needs, such as anxiety. However, there was some confusion about whether neuro-divergent conditions (such as autism) fell within the remit of local mental health teams. Some mental health professionals felt they had little understanding of autism as this was outside their remit, while others were more confident (this is explored further in Chapter 5).

- **External autism specialists**, including Educational Psychologists and Special Education Needs specialists for children. As above, they could provide a perspective on autism and help the wider panel understand the needs of an autistic person and relevant risk factors.

- **Specialist LA autism teams**, where available, who could provide expertise and link to psychological support as well as wider community support available within the local area;

- In funded areas, **Prevent Education Officers** in the case of school-aged children, were able to provide a link to and coordinate support in schools. This included some Prevent Education Officers who provided assemblies for pupils and parents on the risks of radicalisation and online harms.

- **Parents and carers**, where appropriate and particularly in the case of children. Where they were supportive of the Channel process, parents and carers could provide insights about an individual that helped put appropriate support in place.

- One Channel practitioner had access to the **Counter Terrorism Policing Vulnerability Support Hub**, which engaged community psychiatric nurses and other mental health professionals and agencies. However, another Channel practitioner stated that this support was reserved for Counter Terrorism cases in their area and not available to the Chanel panel.

Stakeholders generally found it difficult to provide generalised views about IP support in cases involving ASC, due to the individualised nature of support. Nonetheless, where IP support was considered to have worked well, Channel practitioners attributed this to the role of the Channel Chair or Coordinator in matching IPs to the needs of the individual, as well as the experience and expertise of IPs. Specific **IP skills** included: the skills to recognise autistic traits and engage autistic people in support; sensory awareness and sensory sensitivity; and the ability to understand and assess risk of radicalisation in cases involving ASC. For example, one IP described being able to quickly identify when an interest in an extreme topic "is not going to translate to anything more worrying", based on their skills and prior experience.

IPs also felt it was important to have the **confidence and knowledge to ask for more support** when needed and an understanding of their own limitations. This included recommending that the Channel panel refer an individual for an autism diagnosis and making it clear where an IP's remit ended and when wider services were required. Where they felt that they lacked expertise in ASC or a specific ideology, a number of IPs mentioned that it was helpful to work together with another IP with an autism/ideological specialism. They felt this was easy to organise and that Channel Panels were usually receptive to this suggestion, although not all panels were aware it was possible.

3.3.1 Adaptations made by Channel practitioners and IPs

While most Channel practitioners and IPs stressed the individualised nature of support, they also mentioned some **common adaptations made in cases involving autism** that helped ensure support was appropriate. Some IPs described approaching all cases as if they had a neuro-divergent condition, including those without an autism diagnosis, in the first instance. Adaptations included:

- Channel Coordinators and chairs considering **who is most appropriate to undertake a risk and vulnerability assessment** once a person is referred to Channel (for example, the police or a representative from CYPMHS) and bringing in **experts to advise the panel on cases** and provide an 'autistic perspective'.

- In one area, the LA had undertaken a **Joint Strategic Needs Assessment (JSNA) on autism** with the local Clinical Commissioning Group (CCG). This helped shape their autism strategy and ensured that services had a shared goal to provide appropriate support.

- Channel panel members taking into account in the individual needs assessment that some autistic people might **process information differently** and factoring this into the support plan. Linked to this, IPs frequently mentioned **holding a greater number of sessions with** autistic people and being willing to "let it take as long as it takes". This was to accommodate a longer period of relationship building before introducing extremism as a topic. IPs felt this was important as many autistic people took time to build up trust with new people, which was often necessary before starting to "unpick" and overcome "rigid" ways of thinking that may be contributing to a referral. In addition, IPs felt the risk of an autistic person disengaging with support was higher. This involved using softer skills and drawing on their experience to work out how a person is dealing with a situation. IPs also highlighted the importance of being open to understanding autistic perspectives and the importance of asking people what they want from support.

- **Changes to aid concentration, improve communication and manage anxiety**. For example, being prepared to hold shorter sessions if individuals struggled to concentrate (particularly where a person also has ADHD), and/or offering frequent breaks and providing objects to fidget with were other ways to aid concentration and manage anxiety. One IP used Top Trumps to keep people focused. Others mentioned using more visual prompts and stimulus during sessions to keep people engaged and using drawing and writing things down where people struggled with oral communication and conversations. A number of IPs highlighted the value of checking to make sure people have understood and interpreted what the IP is saying correctly, which they felt was important as autistic people sometimes interpreted things literally.

- **Making environmental changes**, including: conducting meetings in a quiet environment and giving people choices, such as where they want to sit and how they want to position themselves (bearing in mind risk factors); IPs also mentioned the importance of ensuring sessions are at a consistent place and time, as many autistic people prefer routines and changes to the routines can disrupt sessions. One IP mentioned wearing the same outfit to each session, to contribute to the routine and consistency. The COVID-19 pandemic presented a challenge to keeping routines and meant it was not possible for many to conduct face to face work, with a number of IPs mentioning the difficulty of trying to support people remotely.

- One IP felt it was important to have a **clear and considered process when closing cases** involving autistic people (i.e. when an IP considers a case to no longer require support), as autistic people may need more support to plan ahead. They felt additional guidance would help with this.

- Some Channel practitioners felt it was helpful when **IPs liaised with social workers or mental health professionals involved in the case**. Some IPs echoed this, particularly where there was a safeguarding concern or severe mental health issue that might contribute to an assessment of the risk involved. However, a number of IPs stressed that they were not a replacement for statutory support or specific autism support and that their role was not to provide a diagnosis. This was because it blurred their role and could detract from their focus on the extremism risk. In addition, it could be confusing for autistic people, who might become unsure who was responsible for their support. Furthermore, IP support was time limited.

"I take a lot longer to get to know that person and how they want me to interact with them and how they're going to interact with me.... I tend to try and be just a bit softer and focus more on them… if they're not… engaging well with me [they're more likely to] to completely shut down and say, 'I'm not doing this anymore.' [The relationship] is just a bit more fragile but I find that if I spend time to nurture that relationship then it becomes really good." IP

3.3.2 Wider support

In line with the focus on individual needs, Channel practitioners felt that **IPs were not a "catch all" solution for cases involving ASC**. Stakeholders stressed the benefit of referring and signposting autistic people to wider community-based support, as well as local autism support charities. Benefits of wider support highlighted by stakeholders (which are not necessarily restricted to autistic people) are outlined below:

- **Ensuring people had "wraparound" support** that they could access as needed in the community, beyond weekly sessions with an IP. This was particularly important to address social isolation and often involved **building up softer skills**, such as social skills.

- **Providing a distraction from extremist interests** (particularly online), by engaging people in hobbies and "diversionary activities". A number of stakeholders stressed the benefit of outdoor activities, including equine therapy and gardening activities.

- Linked to the above, IPs mentioned taking people to visit museums or recommending they attend projects that can **provide an alternative narrative that counters extremist narratives**. ████████ ██ ███ ███

- **Providing support to family members and carers** to better support them and how they care for their autistic family member.

IPs and Channel practitioners highlighted the importance of **being flexible and creative to accommodate individual needs**. For example, one IP worked with a school ████████████████████ ████████████████████████████████. However, there were some **limitations to how flexible support could be** (barriers are explored in section 3.4 below).

Most stakeholders were **not aware of support tailored to different demographics, beyond age** (as outlined above). For example, stakeholders were not aware of support for autistic people tailored to gender or ethnicity. However, by **focusing on the needs of the individual** and asking what they prefer, stakeholders felt that they were able to adequately accommodate different needs. One stakeholder suggested that they might refer people from ethnic minorities for support in an urban area where there was more diversity, as their rural area was predominantly white British.

3.4   Barriers to suitable and appropriate support for autistic people

A key barrier to autistic people being correctly referred and identified was **low knowledge and awareness of autism** among referring agencies, which could result in an autism diagnosis being missed in the referral. In addition, Channel practitioners reported that the **lack of a specific section in the VAF to record neurodivergence** meant that assessments may not be consistent, with vulnerabilities related to autism covered in different sections of the form or missed altogether.

Both IPs and Channel practitioners also highlighted that **autistic people could get caught up in the Channel process inappropriately**. This was attributed to a poor understanding of the risk posed by an autistic person, who may say something with extremist or violent connotations, but where there was a low likelihood that they would follow through. Stakeholders highlighted this as a reason why experts should be involved in panels.

"[Autistic people] may be vulnerable to radicalisation. But there is an assumption by professionals sometimes that what was said was meant and was calculated and therefore makes them a risk. I would query that." Channel practitioner

A barrier to autistic people accessing relevant and appropriate support, identified by stakeholders, was **gaps in autism expertise on some panels**. Stakeholders commonly attributed this to a lack of specialist autism provision locally (particularly for adults or children transitioning to adult provision), and/ or a lack of capacity within services to attend the panel (such as among Special Education Needs teams or community policing). One Channel practitioner attributed gaps in attendance from services in their area to negative perceptions of Prevent.

A wider barrier was **autistic people not consenting to or engaging with support**. Stakeholders reported that some autistic people did not consent to support because they were not interested or did not want to engage. In some cases, stakeholders highlighted that people referred to Channel did not identify as autistic, or their family members did not accept the autism diagnosis. They attributed this to the stigma attached to an autism diagnosis. This could result in adults not consenting to support from Channel, or family members standing in the way of people accessing autism support.

Specific barriers to accessing IP support highlighted by Channel practitioners included the expense of engaging IPs and a lack of awareness of autism specialist IPs who were available to travel to a specific area. In addition, a number of IPs suggested that **some Channel Panels were not fully aware of what IPs do, the remit of their support, or the types of IPs available**. This could mean they were not effectively utilised. IPs highlighted cases where panels had invited them to come and give a presentation about what they do, which they thought was helpful.

Channel practitioners also mentioned the following **cases where IP support was not considered appropriate for autistic people**:

- **Some Channel practitioners did not think that IPs had a good understanding of autism**, or felt IPs were best suited for cases involving a theological aspect or extreme right-wing narrative (suggesting a lack of awareness about IPs with an autism specialism).

"While our IPs are wonderful and have lots of knowledge in their field of extremism, which is the basis of their appointment, do they have the experience to deal with autism traits? I don't know." Channel practitioner

- Linked to the above, **some Channel practitioners felt that IPs may be unsuitable in cases where people are non-speaking or have "profound communication difficulties", unless they had access to additional support**. One Channel practitioner cited an example of an IP who was unable to engage an individual who exhibited extreme violent behaviour when distressed.

- **In cases involving severe mental health or learning difficulties, Channel practitioners felt the focus should be on safeguarding** and linking people to wider support mechanisms, rather than an ideological IP intervention.

- IPs and Channel practitioners recognised that **IP support may not be suitable where someone has immediate needs that need to be addressed first**, such as housing needs or drug abuse issues (which could also impact an individual's ability to consent to support). This was particularly important for cases involving ASC, as people could be overwhelmed with the involvement of lots of different services and new people at one time. This increased the risk of disengaging with support.

Stakeholders highlighted the following barriers to autistic people accessing wider support:

- **Wide variation in available support** in different parts of the country, in part due to funding as well as capacity. Some mentioned community-based projects (such as community centres) had closed during the COVID-19 pandemic. Stakeholders commonly highlighted **fewer opportunities for adults** compared to children and young people.

- **Low capacity among relevant services and high thresholds for referrals for support for mental health and learning difficulties**. While many mentioned Channel Panels as being able to streamline access to support, this was not something that was always possible.

- When people required an autism diagnosis to access certain types of support, **long waiting lists for an autism diagnosis** (particularly for adults) and/ or misdiagnosis of autism as bipolar or as a personality disorder (particularly for women) presented a barrier for people who did not have one. Linked to this was **a lack of creativity, or capacity to be creative, among wider services**.

"There's still that lack of that soft-touch approach, where you have a traditional community engagement worker who will meet the individual, get them out of the house for a cup of tea and a bun once a week... Those community centres, those shed projects... gardening projects for vulnerable people... they've had to stop [due to COVID-19] and I don't think a lot of them have started up again. And they might not because there's obviously going to be funding issues as well." Channel practitioner

3.5   Suggested alternative interventions for autistic people within Channel

Stakeholders interviewed suggested a number of alternative interventions that they felt would better meet the needs of autistic people referred to Channel. The most common suggestion to improve support was to **ensure there was an expert on ASC available to every panel**. One suggestion was to provide in-depth, high level training for one member of every panel, so that they can act as the "voice" on ASC and provide authoritative advice on the traits and options available. Others suggested i**ncluding autistic people in a "lived experience" role** to advise Channel Panels more generally.

Other stakeholders suggested that a **support-worker or advocate role would be helpful to guide autistic people and their carers through the Channel process**, as well as helping them to navigate the wider support landscape and access "wraparound support". It was recommended that the support-worker have experience and training in autism, so that they can provide advice back to the Channel Panel. One stakeholders felt a separate advocate role would provide people within Channel a route to raise concerns, which would be beneficial as IPs can be see seen as an extension of the Home Office.

"The best thing would be… a support worker that works with the family and the [autistic] young person or the adult… [who understands autism] better than we do. [Who is] able to provide… wrap-around support for the family." Channel practitioner

In terms of direct support provision, one stakeholder suggested **using trauma-informed approaches** to better understand and support young people with behavioural and mental health issues and Special Educational Needs[27].

3.5.1 Including autistic people in support

Most Channel practitioners and IPs interviewed felt positively about including autistic people in the design of support provided to them. **Talking to people about how they found the support and suggestions of what might work for them** was the most common suggestion for how to include autistic people in support provision, and a number of IPs mentioned doing this on an individual level.

"That's what we do anyway, and that's what every professional does, is say, regardless of whether they're on the autistic spectrum or not, 'What is it that you want?' and getting them to take some autonomy over it. You know, so, then they all come out with different things." IP

Channel practitioners and IPs mentioned that **it would be helpful to have a feedback template to gather views from people referred to Channel** and, in some cases and where appropriate, their carers or family members. One area used a "worry scale" to gather this feedback during the three- and six-month panel review for closed cases. A few stakeholders highlighted **challenges of gathering views from autistic people themselves**, due to some autistic people having "strong views" or communication difficulties. They stressed that engagement would need to be undertaken by a professional with experience of working with autistic people and designed with that in mind. Stakeholders also stressed that it was important to recognise that **some people may not identify with, or reject, an autism diagnosis**. Therefore, any attempts to include autistic people must ensure they do not exclude or deter these people from getting involved.

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[27] Trauma informed approaches seek to provide a physically, psychologically and emotionally safe environment that creates opportunities for survivors to rebuild a sense of control and empowerment.

4 Suitability of support for Channel Practitioners and Intervention Providers

This chapter outlines findings from the interviews about the how confident and comfortable Channel practitioners and IPs feel supporting autistic people within the Channel process. It outlines stakeholder awareness of and views about the Home Office National Autistic Society training, as well as wider support and training stakeholders have found helpful. It also outlines suggestions for additional support that Channel practitioners and IPs felt would help them better meet the needs of autistic people.

4.1 Key findings

- Channel practitioners with a background in education or safeguarding generally felt more confident supporting autistic people. Confidence hinged on whether they had experience, received training or felt able to draw on the support of wider colleagues.

- While most IPs we spoke to were autism specialists or had extensive experience of working with autistic people and felt confident, some felt less confident identifying autism or recommending a diagnosis, which they felt was outside their role.

- All IPs, Channel Coordinators and Channel Chairs were aware of the Home Office National Autistic Society (NAS) training and most had attended. All who had attended found the training helpful. They valued hearing personal experiences of autistic people, the expertise of trainers and the practical tips and strategies provided.

- Suggested improvements to the training included: rolling it out more widely and making it compulsory for Channel practitioners; providing refresher training to promote continuous learning; and evaluating the training to find out if people understood it and applied it to their work.

- Wider support on ASC that Channel practitioners and IPs had found helpful included: talks from autism specialist IPs or local autism charities to Channel panels; wider safeguarding and mental health training relevant to their role; panel members or wider colleagues with autistic family members sharing their experiences.

4.2 Confidence of Channel practitioners and IPs supporting autistic people

4.2.1 Confidence of Channel practitioners and IPs

IPs who were autism specialists or had extensive experience were most confident of their ability to support autistic people, while the **confidence of Channel practitioners was more varied**.

Among both IPs and Channel Practitioners, **confidence was bolstered by professional background**: those with a background in education or safeguarding often said they had received autism awareness training and/or worked with autistic people, which increased their confidence to work with autistic people. Many had also **received autism training** in their Channel or wider role, which further increased their confidence (explored further below). A small number of Channel practitioners and IPs felt more confident because they had autistic family members. Some Channel practitioners said they felt confident because

they knew they could **draw on the support of colleagues or other panel members with more experience**.

"We are identifying [autism] more because we're talking about it more, and we're doing more learning and training. So, it's very hard to say whether that's increased, or whether I just recognise it more now." Channel practitioner

"In terms of my own working, well, I'm quite blessed because I do relish working with the people who are on the autistic spectrum, because of family members and friends' family who have got autism." IP

Where Channel practitioners felt less confident, this was because they did not see supporting autistic people as part of their role, or that they lacked training or personal experience. Others felt that their ability to support autistic people as part of the Channel panel was limited by a lack of wider support networks and services for autistic people in the local area. Some IPs felt that Channel practitioners lacked awareness that mental health is separate from autism (which was also apparent in some interviews with Channel practitioners). This could make panel members over-reliant on mental health professionals, rather than reaching out to autism experts who may have a better understanding.

While some IPs felt able to **recognise autistic traits and behaviours and recommend a referral** for an autism diagnosis, a number of IPs also stressed that **diagnosing autism was outside of their role and remit** (including those with extensive experience of autism or autism specialism). This was because diagnoses were incredible complex, due to autistic people often having multiple complex needs and other neuro-divergent traits.

"To get to the point of saying that person is autistic or not or... it's something that I would not be confident doing because that is above and beyond my role." IP

Some recognised that IPs with less experience, or with a purely theological background, may have **difficulties engaging autistic people without support from an autism expert**. They also highlighted a risk of misinterpreting behaviours, actions or words as aggressive when this is not the case and may be unable to de-escalate a situation appropriately.

There was also a sense from some IPs that the role could be isolating, and some felt they lacked support. IPs acknowledged that there was a mentor or supervisor available for newer IPs, however this was considered to be more of a "check in". Some felt that a clearer format or process would be helpful.

4.3 Home Office National Autistic Society training

All IPs, Channel Chairs and Channel Coordinators were aware of the Home Office National Autistic Society (NAS) training and the majority had attended. All who had attended the training found it helpful. Attendees mentioned a number of elements they felt had worked particularly well:

- ▪ The time and space the training afforded to have **discussions with colleagues** who were doing similar roles and facing similar challenges;

- ▪ **Hearing examples, stories and experiences from autistic people** (including one of the trainers) gave a first-hand perspective about how interactions can look, sound like and feel for an autistic person (although some people felt that this was not a representative view of the kind of autistic person they might meet in their role as an IP);

- The **expertise of the training provider and individual trainers**;

- The course **dispelled myths about autism** and focused on neurodiversity and individual perspectives;

- It contained **useful practical tips and strategies**, such as the importance of timekeeping, being careful how you say things, remembering that verbal communication is only one style of communication and how to make sessions more visible. Stakeholders also liked that handouts were provided.

- The training was **useful for people with a range of knowledge and was pitched well**, providing opportunities and signposts to sessions and resources for people who were more advanced in their understanding. For those who had already attended similar training in the past, they felt the course provided a useful refresher

"There was a lady that came on and she spoke about her diagnosis and how she'd adapted, having been diagnosed, and how it affected her life now... the challenges she's had to overcome ... it's easy for us to read and hear about various forms of autism and how it can affect people, but to hear somebody directly saying, 'This is my life, this is what's happened'... was really inspiring." Channel practitioner

"I think the main thing that it did was it kind of helped to dispel a lot of the myths that 'autistic people are like this' kind of thing. That it's a... spectrum... It helps us to look at the effect that autism has on individuals. How some of these are negative and some of these can actually be turned into positives... So, it helped us to see more, I think, the individual rather than the diagnosis." IP

Stakeholders also mentioned a number of **things that they felt could be improved about the training**:

- **Providing follow-up and refresher training to promote continuous learning**. One stakeholder mentioned that this could take place in a year's time, while another suggested a working group around ASC to ensure best practice, guidance and information is shared between Channel Panels and IPs;

- **Making the course compulsory as an induction for all Channel practitioners** and ensuring Channel practitioners are given the same information. One Channel practitioner emphasised that it was important the training was pitched in the right way to encourage other practitioners to take part, including its practical use and how it is relevant to their role;

- **Ensuring there are enough sessions to meet demand** and reduce the time required to book onto a session (one Channel practitioner mentioned being unable to book the training as the places had filled up);

- **Providing the option of more advanced training** for those who want it;

- **Providing more in-depth discussion of relevant Channel cases** (such as anonymised vignettes of types of cases involving autism) during the training. Some Channel practitioners referenced Home Office training that covered different case scenarios and how you might approach them as a useful example of this;

▪ Some suggested that the training could be **updated with a clearer understanding of what the IP role involves**.

▪ A number of Channel practitioners and IPs felt the **training should be evaluated** to find out if people attending have understood it or if they have applied it to their work and whether it has changed practice.

"It's subjective, because they might all say, 'Oh, yes, everybody's understood it,' but how would you test it out, I guess?" Channel practitioner

4.4 Additional support for Channel practitioners and IPs

Additional support that Channel practitioners and IPs found helpful included formal training, informal discussions with other professionals, and independent research. Training that Channel practitioners and IPs found relevant to their role, or that "touched on" autism, included:

▪ Safeguarding training and mental health training.

▪ One Channel panel member mentioned non-violence resistance parenting training as useful for their role on the panel and supporting parents of autistic people. The parenting programme aims to increase the parental understanding of safeguarding and how to address violent behaviour from children and situations where they may feel scared of a child's behaviour towards them or others.

▪ One Channel practitioner mentioned a three-month 'Understanding Autism' course from Nottingham Trent University that resulted in a qualification, which they described as "fascinating and absolutely invaluable".

▪ Some Channel practitioners had accessed relevant training from the Prevent network. This included autism awareness training for Prevent Education Officers, which some Channel coordinators had been invited to attend. In addition, some Prevent Education Officers had attended a two-day virtual training for Prevent Education Officers on autism arranged by the Department for Education: one was generally about ASC, the other more about practice. Stakeholders suggested it contained useful information about the diversity within ASC and the need for individualised approaches, although it could have more examples.

▪ Home Office training for Channel practitioners which covered different case scenarios and how you might approach them, including one case study involving autism.

▪ The National Channel Chairs conference, which included a one-hour session with the Open Innovation Team on whether autistic people are particularly vulnerable to radicalisation. This was followed by a Department for Health and Social Care on radicalisation and mental health, both of which they had found helpful in their role.

▪ On a less formal basis, a number of Channel practitioners mentioned organising for an IP with autism experience or specialism to give a talk to the Channel panel. Channel practitioners who mentioned this found it helpful to understand autistic perspectives better and appreciated the opportunity to ask questions.

Other training that was not currently available but that stakeholders said they would find useful included: training on online radicalisation, as this was a risk area for autistic people, particularly young people; training on trauma-informed practice to understand and respond to the impact of trauma on a person; and training for Channel practitioners that is tailored specifically to ASC within the Channel process.

Some Channel practitioners highlighted the value of drawing on the experience of panel members or wider colleagues with autistic family members. In a number of cases, colleagues had given a talk or presentation to the panel about their experience as the parent of an autistic person – stakeholders found useful to understand the point of view of parents and the journey to getting a diagnosis. However, one Channel panel member with an autistic child highlighted the risk of interpreting a person's behaviour in relation to their own child, and the need to step back and recognise that every autistic person may have a different perspective and experience.

"[A Channel Panel member] is a parent to an autistic child… She did a presentation to us for her experience of being a parent who's trying to get support, who gets diagnosis, and then accesses the support that's there. And she will often contribute to panel discussions, and remind us of charities, for example, that work with families in the area. So that's something we have that's helpful in terms of a resource, you know, how we use all of our standing panel members." Channel practitioner

Some stakeholders **conducted desk research and read academic papers on autism and radicalisation**, which helped increase their knowledge. However, stakeholders acknowledged that as a new area of research there was little research available. One stakeholder mentioned a paper due to be published soon by the Department for Education in partnership with academics about how to support teachers and build autistic children's resilience.

Linked to this, other stakeholders suggested **improving the evidence base of 'what works' in Channel cases involving ASC**. This included suggestions to involve family members and autistic people who received support in reviews of the support process in providing feedback. Other recommendations to improve the evidence base of what works included:

- **Examples of positive case studies** where Channel's support has been effective for autistic people, as well as examples of what other Channel panels and LAs are doing that they have found useful;

"It would be interesting to know in terms of some of the questions that you have asked in terms of some of the different methods that other local authorities have used, I'd be very, very keen to know the outcomes of some of the answers that you had back from other authorities that have had a wider experience of it than we have." Channel practitioner

- **Guidance about ways to involve parents and carers of autistic people**, and how to overcome any barriers in involving them in the panel process;

- **Collating information about organisations and services for autistic people** for Channel panel members and IPs. One stakeholder suggested providing a standardised set of support and training resources for all panels. This should include information about awareness raising, key changes in the field, a basic training around mental health, a basic understanding of various types of extremism and various ideologies. They felt this would ensure everyone came from the same starting point.

- Creating a **group or forum of IPs** with specialist knowledge and/ or experience of autism cases to meet regularly, share experience, and to which the wider network of IPs can draw upon for advice and/ or resources. They felt this would help overcome isolation in their roles by enabling them to share their experience on individual cases and get advice and support. They also felt it would also promote better knowledge sharing. As well as ASC, one IP felt this could be applied to other relevant topics, such as mental health or Child Sexual Exploitation.

"There should be a group of people with experience of autism, myself included, to be available to colleagues as a resource on things that non-specialists may not know such as resources available, interaction issues, diagnosis pathway et cetera." IP

"So if I, for instance, were to contact Prevent, or interventions within the Home Office. If I say, 'Look guys, I'm working in this area, this young person's been diagnosed with autism. I don't know what support is available in the area, can you find out?', there would just be a go-to list, something very simple, very easy for us just to pull out and say, 'Have you thought about this?'" IP

5 Conclusions and lessons learned

This final chapter of the report answers the research questions about whether current support is suitable for autistic people. It also includes recommendations for policy and further analysis.

5.1 To what extent are the current Channel interventions suitable for autistic people?

Where Channel panels had strong multi-agency links and members with experience of working with autistic people, they were in a better position to identify suitable support, including appropriate matching with IPs. They also felt more able to streamline diagnoses and support provision, which was considered particularly important in cases involving autistic people, as delays could cause people to disengage with support.

A number of stakeholders noted that IP support worked well when appropriately matched, with a number of examples provided of specialist provision that had resulted in positive case outcomes. IPs also felt that working with a co-IP could bolster expertise on autism. However, Channel practitioners did not always view IPs as the most suitable support option for autistic people, due to the perceived expertise of the IP, or the additional needs of the individual.

IPs and Channel practitioners agreed on the benefits of having a package of 'wraparound' support for autistic people. Examples included: support to build social skills; activities and hobbies that provide a distraction from extremist fixations; and support involving family and carers. Barriers to autistic people accessing appropriate support included: long waiting lists for an autism diagnosis; low capacity among relevant services; high thresholds for referrals for mental health and learning needs support; and people not consenting to support from Channel.

5.2 To what extent do Channel practitioners and IPs feel comfortable in autistic people? What supports or hinders effective working in this area?

Channel practitioners with a background in education or safeguarding generally felt more confident supporting autistic people. Confidence hinged on whether they had experience supporting autistic people, received training or felt able to draw on the support of wider colleagues.

While most IPs we spoke to were autism specialists or had extensive experience of working with autistic people and were highly confident, some felt less confident recommending an autism diagnosis, which they felt was outside their role.

All IPs, Channel Coordinators and Channel Chairs were aware of the Home Office National Autistic Society (NAS) training and most had attended. All who had attended found the training helpful. They valued hearing personal experiences of autistic people, the expertise of trainers and the practical tips and strategies provided.

5.3 Recommendations

5.3.1 How could current interventions be adapted or supported to meet the needs of autistic people?

- Where Channel panel members lacked confidence, expertise or relevant multi-agency links, they felt that an autism expert could fill this gap. The Home Office could consider identifying a pool of ASC experts that Channel panels can access and invite to sit on panels to provide an informed perspective on the needs of autistic people.

- Some Channel practitioners lacked awareness of the IP role. The Home Office could consider providing more guidance to Channel panels about the role of IPs, specifically: that there are autism specialists and IPs with extensive experience alongside ideological specialists; that more than one IP can work together to support an individual; that IPs are not in a position to provide a diagnosis or advice on diagnosis; and guidance on how long IP support typically lasts for different types of cases and the step-down process for support.

- Some Channel practitioners and IPs were not aware of relevant local services to refer autistic people to for wider support, either due to poor multi-agency processes or because support wasn't available (for example, due to community services closing due to fundings cuts or Covid-19 lockdowns, over-subscription and/or long waiting lists for services). The Home Office could consider developing a resource of national and regional support organisations that are equipped to support autistic and neuro-divergent people. This could then be shared with IPs and Channel Panels to use when looking to identify suitable support for autistic people.

- Good multi-agency processes within Channel were commonly linked to better awareness of and access to support for autistic people. Where local authorities do not consider their area to have good multi-agency processes in place, the Home Office could consider providing additional support and guidance to Channel Chairs and Coordinators to develop these links.

- In areas that have Prevent 'Vulnerability Support Hubs', some Channel practitioners found this a useful resource, while in other areas, Channel practitioners said they were unable to access this support for Channel cases. The Home Office could consider supporting Channel panels to access this support for people with mental health conditions.

- Some stakeholders reported that autistic people within Channel and their carers would benefit from support to navigate the process and also to raise concerns. The Home Office could consider developing and piloting an 'advocate' role. The advocate would act as an intermediary, explaining the Channel process, supporting the individual and family (where relevant) to communicate their needs and wishes and to navigate Channel support. This may also be beneficial for wider cases where people face challenges understanding or accessing support.

- Where individuals or their family members rejected an autism diagnosis, this presented a barrier to accessing support. The Home Office could consider working with organisations that have trained autism 'peer mentors', who can act as positive role models and, in some cases, help autistic people who reject an autism diagnosis to come to terms with their diagnosis and accept support[28]. However, as autism is a spectrum condition it cannot be assumed that autistic people will necessarily relate to the experiences of other autistic people.

5.3.2 How, if at all, could the training be adapted to support Channel practitioners and IPs further?

- Stakeholders felt that wider Channel panel members (beyond Channel Chairs and Coordinators) would benefit from the Home Office NAS training. The Home Office could consider rolling out the training further to these groups. To support a wider roll-out and encourage Channel practitioners to take part, consider how to best communicate the benefits of the training and relevance to Channel practitioners' roles. The Home Office could also consider making the training mandatory for all Channel practitioners and IPs.

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[28] For examples of peer mentoring approaches see: https://matthewshub.org/advice/peer-mentorship

- Stakeholders felt that some Channel practitioners and IPs risked forgetting what they learnt on the training, or for the knowledge gained to go out of date (particularly for people who had less exposure to autistic people and therefore fewer opportunities to apply their knowledge). The Home Office could consider providing refresher training to promote continuous learning.

5.3.3 What additional support would help Channel practitioners and IPs meet the needs of individuals with ASC?

- Channel practitioners and IPs highlighted useful resources that helped them understand more about autism. The Home Office could consider developing additional guidance on autism for IPs and Channel practitioners, with links to wider information. For example, this could take the form of a resource pack that includes links to YouTube videos and first-hand accounts from autistic people, to promote understanding. This could be provided alongside relevant national and local resources (mentioned above). It would be necessary to regularly review an update these resources and ensure they are widely shared.

- Some IPs felt isolated in their role and that there were few opportunities to discuss their role and exchange ideas. The Home Office could consider developing an IP network to provide opportunities for IPs to meet and discuss their work, particularly around autism, and to provide more information on the remit of their role. This could include guidance on what has worked well in Channel cases involving autism.

- IPs mentioned that mentoring was a helpful way to reduce isolation and receive guidance from IPs with more experience. The Home Office could encourage IPs to undertake mentoring.

- Channel practitioners reported that the lack of a specific section in the VAF to record neurodivergence meant that assessments may not be consistent, with vulnerabilities related to autism covered in different sections of the form or missed altogether. The Home Office could consider adding a specific section in the VAF to record neurodivergence.

5.3.4 Analytical recommendations

- This research does not explore why autistic people may be over-represented within the Channel process and there is a wider lack of evidence on this phenomenon. The Home Office could consider further research to explore how and why this may be the case in order to build a more rounded picture.

- There did not appear to be a consistent process for Channel panels to collect and collate feedback from people supported by the panel. The Home Office could consider designing a process for collecting and collating feedback as part of the three- and six-month review period.

- Stakeholders agreed that it would be beneficial to involve autistic people in the design of support available to them. The Home Office could consider identifying opportunities to do this, such as speaking to people who have been through the Channel process (recognising that they are a diverse group who do not all think this same way).

- Stakeholders felt that the ability of Channel panels to provide suitable support to autistic people varied between areas. To enable support to be focused where it is needed, the Home Office could consider including a question in the Prevent duty survey about support for autistic/ neuro-

divergent people/ people with additional needs, the support available to them, and how confident and prepared practitioners feels supporting them.

▪ Stakeholders found examples of Channel support for autistic people helpful. The Home Office could consider collecting and sharing anonymised case studies of approaches that have worked well in cases involving ASC. Examples could include support that has worked well for people who are non-verbal, who reject an autism diagnosis, and good practice about how to end cases.

▪ To understand the impact of the Home Office NAS on IPs and Channel practitioners, how they are applying the learning to their work and any barriers to doing so, the Home Office could consider evaluating the training (for example, through pre-, post and follow-up feedback questionnaires.

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