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# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

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HAMPSHIRE COUNTY COUNCIL PREVENT TEAM

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# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

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**This plan focuses primarily on autism and does not attempt to cover neurodiversity in all its forms.**

## Terminology used in this plan

Language and terminology used is important in shaping attitudes and perspectives. It is acknowledged that individuals on the autistic spectrum, parents, family and friends, as well as professionals, have preferences about the terminology they use to describe both autism itself and specific elements of autistic experience. This plan uses the following:

Autism, Autism Spectrum Disorder, autistic, people with autism, diagnosed, undiagnosed, autism spectrum, ASD.

Quotes from research papers, articles and studies have been included in this document, therefore some of the terminology and language used leans on the medical model of the term Autism Spectrum Disorder or ASD. These quotes may use language that is deemed outdated or does not sit in line with standard good practice, but it was deemed important not to paraphrase or alter the quotes.

It is recognised that that some individuals may prefer the term Autism Spectrum Condition (ASC) and some Autistic individuals do not wish to identify with the medical model at all, as it tends to focus on deficits too greatly and prefer to identify with the social model. The social model describes Autism as a way of viewing the world and that barriers are put in place by society and not the person.

## Autism

Autism is a life long neurodevelopmental condition which affects how people communicate, interact and experience the world. One in 100 people are on the autism spectrum and there are around 700,000 autistic adults and children in the UK. <sup>(1)</sup> [What is autism](#)

Autism is often referred to as a spectrum condition which means it is experienced differently by individuals and there can be varying support needs. From a medical model there are core areas of difficulty which are commonly used to describe autism. The model states that these can be present to varying degrees and can have an impact in a range of ways and that people with autism may experience the following:

- difficulties with social interaction – finding it hard to understand, communicate and recognise other peoples' feelings or intentions.
- difficulties with social communication – struggling with interpreting verbal and non-verbal language
- difficulties with social imagination – finding it hard to imagine what others are thinking or alternatives to their own routines.
- difficulties with sensory processing – may experience over sensitivity (hyper) and under sensitivity (hypo) to sounds, touch, tastes, smells, light, colours, temperatures or pain. This can also include the internal senses, such as Body Position Sense (Proprioceptive System), Balance and Movement (Vestibular Processing) and Interoception (the sense of internal organ).

Core autism symptoms are persistent throughout an individual's life but will differ in severity according to various factors, including age, the presence of a learning disability or other comorbid conditions, and any therapy or treatment.

*“Repetitive behaviours can take the form of intense preoccupations or obsessions”*

(Baron-Cohen & Wheelwright, 1999).

['Obsessions' in children with autism or Asperger syndrome.](#)

*“One third of autistic people also have a learning disability”*

(National Autistic Society)

[Varying support needs \(autism.org.uk\)](https://www.autism.org.uk)

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# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

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## Autism and Vulnerability

Individuals who are diagnosed with autism may have social and communication difficulties which could leave them at greater risk of being vulnerable – for example, being exploited socially by others or misunderstanding others' communications to their own disadvantage. They may also have a different cognitive style (e.g., 'obsessional' thinking and difficulties in adjusting to unexpected change) which could leave them vulnerable in other ways (e.g., pursuing a topic and not seeing the bigger picture including how this may be viewed by others; reacting differently in an environment that entails sensory overload, or that makes them anxious). This also applies to individuals who demonstrate autistic behaviours but may not have been diagnosed.

*“Vulnerability in autism can lead to abuse, social exclusion, victimisation and mental illness.”*

Autistica

[Vulnerability - Autism | Autistica | Autistica](#)

## Prevent Duty:

Section 36 of the Counter-Terrorism and Security Act 2015 places a duty on many public facing organisations providing services to children and young people and to have “due regard to the need to prevent people from being drawn into terrorism”. This duty is known as the Prevent duty and the Government’s guidance outline specifies authorities responsible for this duty. This duty is met through local authorities’ Channel Panels.

[Prevent duty guidance: Guidance for specified authorities in England and Wales \(publishing.service.gov.uk\)](#)

The Government’s Prevent strategy aims to stop people from becoming terrorists or supporting terrorism. It contains three key objectives:

- Tackle the ideological causes of terrorism
- Intervene early to support people susceptible to radicalisation
- Enable people who have already engaged in terrorism to disengage and rehabilitate

The Independent Review of Prevent was commissioned in 2019 to consider how effectively Prevent is delivered at national and local levels and how effectively the statutory Prevent duty is implemented. The report of the review was released on 8<sup>th</sup> February 2023. The Home Office is expected to issue guidance and advice in due course on the Prevent duty, including its delivery, and this document will be updated accordingly.

## Channel Panels

Channel is a multi-agency programme which identifies and supports at risk individuals, Channel provides early support for anyone who is vulnerable to being drawn into any form of terrorism or supporting terrorist organisations, regardless of age, faith, ethnicity or background. Individuals can receive support before their vulnerabilities are exploited by those who want them to embrace terrorism, and before

they become involved in criminal terrorist-related activity. Individuals can be provided with a bespoke support package through the Channel process with their agreement to participate in the Channel programme, if the individual who has been referred to Channel is under 18 their parent/ carer's permission is required. An individual's right and capacity to make decisions about issues that affect them is always assumed to be present. Some Autistic individuals, especially in high stress situations may answer with what they believe is the expected answer rather than having a true understanding of the question which may make consent and capacity more complex. Therefore, this is always considered carefully when consent into the Channel process is sought, in order to ensure the individual understands the aims of the Channel programme. Where the capacity of an individual to make a specific decision is brought into question, the Mental Capacity Act 2005 provides safeguards within a statutory framework to protect the rights of those who may not be able to make their own decisions.

# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

## Autism and Terrorism:

Since the Covid-19 pandemic, there has been increased focus on autism, terrorism and the safeguarding of children, young people and adults who are on the autism spectrum. The COVID-19 pandemic and responses to it, including lockdowns, affected different people in different ways. Many of those effects will be shared by both autistic people and people who are not autistic. However, autistic people may experience the same changes in distinct, often more pronounced ways.

Those with an ASD may be more vulnerable to a whole range of safeguarding concerns including individuals and groups that seek to groom and recruit people into extreme and potentially dangerous ideologies. Communication via the online and digital world has increased and is an excellent way in which individuals can communicate with their peers. However, it also provides the perfect platform for radicalisers to exploit the vulnerabilities or talents someone with an ASD may possess. There is no empirical evidence to link autism and terrorism within the general population. When individuals with autism, plan or carry out terrorist acts it is important to develop an understanding of the individual's autistic profile and support needs and how it may contextualise factors that pull and push them towards terrorism and aspects of terrorism, in order to manage and reduce risk. The role of autism in resilience also needs to be considered in order to capitalise on natural and individually meaningful sources of motivation and protection.

In July 2021, Jonathan Hall QC, the Independent Reviewer of Terrorism Legislation said it was “necessary to speak about autism” after diagnoses were cited in a high number of court cases, including those involving children. He said that the relevant factor was autism as well as for those on the autism spectrum being drawn into terrorist violence, there were additional factors such as other cognitive difficulties and family backgrounds. He questioned whether criminal prosecution was the right outcome in all cases.

There is limited empirical evidence of the prevalence of autism spectrum disorder (ASD) across types of terrorism offenders and across countries but some of the existent studies of single-issue terrorists (S-IT's) suggest that the prevalence of ASD is higher than in group actors and is approximately 3.3% (2), whereas in the general population it is estimated to be 1%. (3) Caution has to be applied against making unilateral and causal attributions as other factors may have been present during the period of engagement, other co-existent mental illnesses, for example, may contribute to risk. (4) Furthermore, when softer proxies of extremism are measured in research, such as sympathies for violent protest and extremism in the general population, extremism is no longer found to link to higher prevalence of ASD (5) It has been suggested that individuals with ASD may be potentially more vulnerable to being drawn into radical propaganda, due to their tendency to hyperfocus on their fascinations at the expense of other attachments and life interests (6) This tendency, alongside the absence of meaningful social connection and impairments in ability to critically analyse the philosophy and beliefs of radical groups, may collectively result in an individual with ASD being indoctrinated by terrorist ideology. (7)

In the absence of reliable data, it is impossible to draw conclusions, and suggesting a potential link between ASD and the susceptibility to radicalisation or terrorism would be inappropriate, risking further stigmatisation of individuals with ASD. (8) However, when terrorist acts are planned or executed by individuals with autism, it is important to develop an understanding of the individual's autistic functioning and how it may contextualise factors that push them towards terrorism and aspects of terrorism that may pull them in, in order to manage and reduce risk. The role of autism in resilience also needs to be considered in order to capitalise on natural and individually meaningful sources of motivation and protection.

Recent high profile cases of young autistic adults having been radicalised by both far-right and Islamist extremist groups attracting significant media and public attention for example, Harry Thomas (2014); Michael Piggitt (2014); Mark Alexander Harding (2014); and Nicky Reilly (2008)], have highlighted the need to safeguard and protect individuals vulnerable to radicalisation from being targeted and recruited by extremists groups and individuals.

*“It is also necessary to speak about autism. It has not received much public attention, and there is a very real and respectable fear that making any sort of link will lead to stigma... My understanding is that the incidents of autism and Prevent referrals are also staggeringly high.”*

*Jonathan Hall QC*

[Microsoft Word - July 2021 What is the threat to the UK today.docx \(independent.gov.uk\)](#)

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# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

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## Radicalisation, risk and vulnerability

There are a number of complexities with regards to assessing risk and vulnerability, with variations in research on approach. Risk assessment frameworks advocate a structured professional judgement approach that uses individual case formulation to take into account how factors, including ASD and mental illness, can contribute to vulnerability and risk. (9) Prevalence and risk assessment frameworks relating to terrorism would suggest that there is a need to understand if and how ASD can contextualise vulnerability and risk and, by implication, approaches to its mitigation. It is important to note that ASD is not causal to risk and all efforts should be made to avoid stigmatising ASD and to conceptualise its role as 'contextual' rather than causal to both risk and protection. Features of ASD may shape experience, functioning and behaviour that may in some instances exacerbate an individual's vulnerability, as opposed to cause the vulnerability. Inversely, features of ASD may equally contextualise resilience, in this same way. Clear distinctions between known risk and the potential for vulnerability is important.

Work with individuals who are vulnerable to extremism or have committed an act of terrorism and who have ASD needs to be informed by a nuanced understanding of the many facets of ASD as well as the complex dynamics of radicalisation and pathways to extremist causes/groups and terrorist offending. (10) One way the nuances of ASD and the complexities of terrorism can be tackled is to examine how each facet of ASD can contribute to the 'push' and 'pull' factors that shape an individual's pathway to terrorist offending. (11) These are the individual, social and ecological factors that push the individual towards terrorist causes, groups or ideologies and those features of the terrorist cause, group or ideology that have a pull for the individual. The features highlighted below may shape vulnerability and risk. It is important to note that these are not mutually exclusive aspects of ASD but may have distinct implications for understanding vulnerability to extremism. Each feature is a lifelong aspect of an individual's development and integral to the individual's functioning and hence is not itself a target for change but when it comes to contextualise risk, its role in risk needs to be reduced and its role in resilience enhanced.

- **Restricted Interests**

Intense, obsessional, all-absorbing interests can become a source of providing positive emotional states and alleviating negative emotional states. An interest may also be the only topic that the individual feels confident to talk about, relate to others through and function at their best in its pursuit, thus providing a sense of identity, purpose, focus, excellence/ mastery and creativity. Interests may take on morbid or destructive themes, with more intense negative rumination at times of depression or anger. Restricted interests may develop in any topic and are often researched in great detail. The individual often collects associated information and items, often without a long-term purpose and with a sole focus on the short-term rewards. Some individuals with ASD process the world in a highly compartmentalised manner and struggle to see the links in cause-and-effect of their behaviour, leading to the pursuit of dangerous and harmful interests that are completely isolated from their otherwise law-abiding daily lives. Restricted interests typically have a very strong push power in that they are intense, highly rewarding and alleviate negative emotional states and hence their push may be stronger at times of negative mood or boredom. Any detail, image, group or activity related to that interest, in turn, has a strong pull power, as do any social networks and interactions relating to that interest, due to their facilitation of the interest. The interest may be in any 'topic', including terrorist groups, ideologies or methods and all details and associated features of that topic will then come to have a strong pull for the individual. (12)

- **Fantasy**

Fantasies often offer very rich and potent sources of stimulation and reward and may also have emotional self-soothing functions. For example, they may provide physiological, intellectual, and emotional reward whilst also alleviating boredom, anxiety, helplessness and anger. (13) Individuals with ASD may experience a very rich and vivid fantasy life, often based on visual imagery they have been exposed to online or offline, (photographic memory) rather than on hypothetical abstract ideas (social imagination). In some instances, fantasy may include aversive imagery too, that drives distress and anger (e. g. images of people injured or killed, in terrorist propaganda). Fantasy can shape vulnerability and risk if terrorism-related fantasy develops that is highly rewarding and addictive. Different internal and external triggers can accentuate the push towards certain types of fantasy. For example, negative mood states and a sense of injustice/anger can act as push factors towards fantasies of revenge and restoration of justice. (14) An example could be an individual becoming distressed by images of extremist acts by those purporting to be followers of Islam, which then pushes them to research extreme right-wing violence, or indeed vice versa. Depressive states when combined with anger can be a push factor towards fantasies of dying or being killed during acts of heroism, demonstrative self-sacrifice, and violent revenge. (15) Terrorist material, narratives and imagery can, in turn, have a strong pull at such times if their themes resonate with such emotional states. Imagery of noble acts of revenge and honourable death can gratify anger and alleviate anguish through offering a fantasy of noble death. Heroic warriors or fighters can have



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# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

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strong pull for the disempowered and offer excitement and nostalgia for those who lack healthy stimulation in their life. The role fantasy can play with vulnerability and in shaping pathways to terrorism is complex and individual.

- **Social and communication difficulties**

Day-to-day social interactions can be challenging, exhausting, stressful and anxiety-provoking, such as difficulty in reading others and appraising their agendas, the tendency to take others and what they say literally (without decoding their implicit and non-verbal cues), the tendency to talk a lot about one's own interests without social awareness, and the tendency to copy and mimic others and learn social scripts in order to relate socially and form a social identity and friendships. Whilst capable of 'compensating' for their deficits by using their strengths, this often takes a lot of energy due to social interactions being inherently anxiety-provoking due to their lack of reliable, logical and static structures and rules. Novel contexts for which they have no scripts or where their existent scripts are ineffective may lead to social conflict or embarrassment. Socialising, especially in novel, unstructured situations, can as a result be exhausting, humiliating and anxiety-provoking. As a result of these social communication features, individuals may retreat into solitude or at the very least miss out on social, academic and occupational opportunities as a result of the social load and stress these come with. The strain of navigating the complex social world may be too high a cost to pay and the individual may withdraw and become lonely and socially anxious. The online space and community may come to serve particular needs when the offline world is overwhelming and distressing for the individual and when it leads to social isolation and loss of confidence. Whilst online activity is not in itself problematic, it may become a vulnerability if the individual accesses extremist websites and establishes online links with extremists who come to exploit them or inspire them to commit acts of terrorism. An individual with ASD may not always recognise others' agendas or see 'the bigger picture' and the consequences of what they are being encouraged to do, and take extremist propaganda literally, as facts. Furthermore, when an online extremist community encourages their restricted interests and validates them and their skills, it can become socially and emotionally reinforcing. <sup>(16)</sup>

- **Cognitive styles and functioning**

Difficulties in understand how others think/feel, ability to understand others' agendas, and an appreciation for the impact of one's behaviour on others, may leave the individual with ASD vulnerable to exploitation by others whose agendas are not obvious to them. It may also limit the individual's appreciation for how their behaviour affects others. Individuals may be easily exposed to radicalising material and narratives either online or offline. Information may be taken literally with a focus on details, without recognising others implicit agendas and struggling to connect events and information into a larger picture. They may also have attention-shifting difficulties that makes it hard for them to mentally 'let go' of certain information. Furthermore, as mentioned above, wherever such narratives sift the social and emotional world into factual categories and tangible systems, they may resonate strongly with individuals with ASD by appearing 'logical' and providing reassuringly clear answers to confusing abstract questions about the world. <sup>(17)</sup>

- **Order, routine, rules, rituals and predictability**

There is a tendency for a heightened need for order, routine, consistency and predictability, with a rigid adherence to rules. Order and consistency enhances well-being in a world, both social and political, where personal experiences of injustice as well as constant news coverage of injustice, moral disorder and uncertainty are likely to generate anxiety, anger, confusion and distress. If routine, structure and predictability breaks down in an individuals life, due to unforeseen events or changes for example, loss of employment, accommodation or relationships or changes and transitions in environment or development/health, this can create a heightened need for order, thus creating susceptibility to theories/ideologies/ causes that purport to restore the natural (moral, cultural, social or environmental) order and make the world more certain and predictable or at least to restore what is familiar. <sup>(18)</sup> Individuals with autism can find the world overwhelming and unpredictable, this can be a push factor. Extremist groups/causes tend to promise the restoration of order and predictability which may work as a pull factor. There may also be additional pull factors associated with terrorist groups/ causes that make them intuitively appealing. Extremist groups often brand themselves as organised, systematic, and orderly, purporting to explain the moral and social chaos in the world and allege to provide solutions that sift the world back into a neat order, with absolutist justice and concrete certainty, one which is safe, organised and structured. They often also adopt neat categories in their ideology and theories of society (e. g. a hierarchy of races or religious groupings that need to be neatly demarcated). Any absolutist theory of the world may be comforting and intuitive when the 'real world' makes little sense due to its chaotic, inconsistent and shifting categories of right/wrong and its 'grey areas' of social meaning and

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# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

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behaviour. For autistic individuals with high levels of systemizing and low levels of empathizing (19), the world (including the social and political world) makes clearer sense and feels more predictable when it is explained in categories, facts and systems, instead of social and emotional theories. (20) Extremist narratives often purport to be factual and deliberately avoid reference to the social and emotional consequences (e.g., harm) of their vision. They present an absolutist systemising 'single narrative' of the world that is depicted to be based on facts and invariable logic, a world view that may appear more intuitively logical and offers clarity and predictability to an individual with ASD.

- **Sensory processing**

Both sensory hypersensitivity and hyposensitivity may be experienced by individuals with ASD. Sensory hypersensitivity may lead them to avoid certain sensory stimuli and environments that overwhelm them. This may lead to vulnerability if overwhelmed by the sensory environment in a way that leads them to underachieve or where they may find the social world aversive and exhausting for example, education, the workplace or other social environments.

The online space can become a pull factor by the removal of many of the sensory stressors that are associated with off-line environments and can offer a primarily visual mode of interaction, communication and learning. (21) Retreating and becoming immersed in the online world may create exposure to extremist forums, offering extremist forms of escapism, or furthering and increasing terrorism-related interests.

Sensory hyposensitivities create a heightened need for sensory stimuli, which is experienced as rewarding and comforting. Terrorism-related stimuli may have sensory appeal and therefore maybe sought out, with terrorism related interests potentially being triggered or maintained by colourful imagery, insignia and uniforms, the colour, brightness, sound and smell of explosives and the aesthetic reward of weapons.

some individuals with ASD may have a particular strength in visual processing (22) which renders visual stimuli, especially those which relate to their hypersensitivities, very compelling. These visual stimuli are more likely to be encoded and stored in memory and may feature in vivid thoughts and fantasies.

When ASD is combined with mental health problems such as severe depression, heightened anxiety, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder and psychosis, it may generate significant distress, subjective threat, and confusion. Terrorism-related materials, forums and interests that serve to alleviate threat/anxiety and restore positive emotional states, may become especially potent at such times of heightened mental health difficulties. (23)

## Equality, diversity and inclusion

### African, Caribbean, Asian and Minority Ethnic communities

People on the autism spectrum in the UK come from all backgrounds, identities and cultures. There is a lack of research about the experience of people from African, Caribbean, Asian and minority ethnic autistic people (ACAME) and their families. Autistic people and their families may face similar challenges - alienation, isolation, family breakdowns and the blame game - but research has shown that families within minority ethnic communities experience double discrimination, due to their ethnicity and disability. (24) About 1.8 percent of schoolchildren in England are autistic according to one of the largest autism prevalence studies to date. The prevalence is highest among Black children about 2.1 percent. (25) The findings suggest a need to better understand how health policy, race, ethnicity and socioeconomic status intersect with autism and access to services.

[Massive U.K. study finds racial and ethnic disparities in autism diagnoses | Spectrum | Autism Research News \(spectrumnews.org\)](#)

People from ACAME communities face poorer access to healthcare, (26) including access to autism services. (27) Reasons postulated range from apparent cultural misunderstanding by service providers, lack of rapport, discrepancies in conceptualization of autism between professionals and parents, and language barriers.

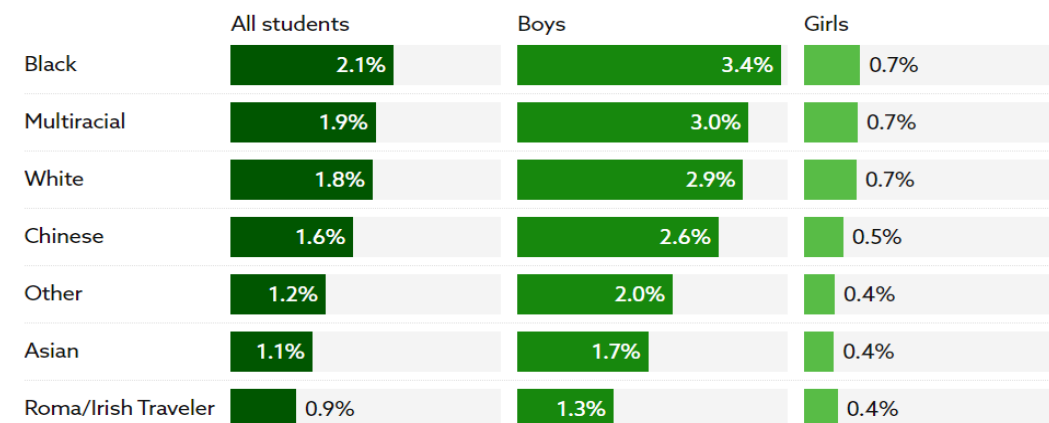
[Autism-in-BAME-Communities.pdf \(autismvoice.org.uk\)](#)



# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

## Proportion of English schoolchildren with autism

Autism prevalence is highest among Black children and lowest among Roma or Irish Traveler children. Across all groups, autism is more common among boys than girls.



The researchers calculated autism prevalence among 7 million English schoolchildren included in the National Pupil Database. This chart excludes students whose race or ethnicity was not given.

Chart: Jaclyn Jeffrey-Wilensky • Source: Roman-Urrestarazu et al. • [Get the data](#)



[Massive U.K. study finds racial and ethnic disparities in autism diagnoses | Spectrum | Autism Research News \(spectrumnews.org\)](#)

## Women and Girls

Women and girls are often diagnosed with autism far later than their male counterparts, research suggests that the autism diagnostic criteria are geared towards men, with many questions still based on gender stereotypes or an overly simplistic concept of sex differences. This leads to women and girls often being missed when undergoing assessment. Many autistic girls and women begin to ‘mask’ their autistic traits. ‘Masking’ or ‘camouflaging’ is when the individual artificially performs behaviours which are deemed to be socially acceptable (by neurotypical standards) or hides behaviours that may be viewed as socially unacceptable.

Research and studies which include women are therefore urgently needed to make it easier to diagnose autism in women and prevent crises occurring and the development of mental illnesses such as anxiety and depression. Until this happens, countless women and girls will continue to ‘fly under the radar’, posing an enormous risk to mental health and wellbeing.

[Why do so many autistic women and girls go undiagnosed? \(learningdisabilitytoday.co.uk\)](#)

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# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

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## LGBTQ+ Communities

The University of Cambridge conducted the largest study to date on the sexual activity, sexual orientation, and sexual health of autistic adults. The study found that autistic adults and adolescents are approximately eight times more likely to identify as asexual and 'other' sexuality than their non-autistic peers. There were sex differences in sexual orientation: autistic males are 3.5 times more likely to identify as bisexual than non-autistic males, whereas autistic females are three times more likely to identify as homosexual than non-autistic females. The findings have important implications for the healthcare and support of autistic individuals.

LGBTQ+ people who have autism face additional challenges, in relation to wider understanding of the interplay between ASD, sexual orientation and gender identity, isolation and lack of service provision. More research is required in this area.

[The sexual health, orientation, and activity of autistic adolescents and adults - Weir - 2021 - Autism Research - Wiley Online Library](#)

Recognising the overlapping and intersecting of social identities is key in order to understand unique experiences of marginalisation and oppression that individuals and communities experience. Social marginalisation can have drastic negative consequences and, in some circumstances, may act as a push factor towards radicalisation. Stereotypical presumptions about people, coupled with prejudiced views are dangerous with respect to the impact that these negative stereotypes can have on progress towards community cohesion and social integration.

Radicalisation towards extremism is a complex process and research shows there is variability in factors that cause a person to radicalise. The use of the push/pull distinction has been one way in which to provide clarity to the process of radicalisation and extremist disengagement. Push factors can be defined as external circumstances at the structural level, such as socio-political grievances for example, high rate of unemployment, lack of educational opportunities. Pull factors are personal and socio-economic incentives that may attract individuals into radicalisation. This may include a sense of power, religious rewards, or a sense of economic freedom.

The Royal United Services Institute (RUSI) describes the drivers of radicalisation in a way that distinguishes between 'structural motivators,' (such as unemployment, corruption, inequality, discrimination), individual incentives (a sense of purpose, adventure, belonging, acceptance, fear, etc.) and enabling factors (the presence of radical mentors, access to radical content and communities, access to weaponry, a lack of familiar support). (28) Inequality, marginalisation, grievance, social exclusion, victimisation and stigmatisation play a key role in radicalisation. (29)

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# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

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## The National Strategy for autistic children, young people and adults: 2021-2026

On 22 July 2021 the Government released the updated national strategy for improving the lives of autistic people and their families and carers in England. The strategy takes into account the impact of the Covid-19 pandemic in exacerbating the challenges experienced by those who have an ASD such as loneliness and social isolation, and anxiety.

The strategy identifies six priority areas with a set of measures for success for each priority area, as follows:

- **Improving understanding and acceptance of autism within society:** we will significantly improve the public's understanding and acceptance of autism and show that autistic people feel more included and accepted in their communities. We also want the public to understand how autism can affect people differently, including the difference in how autistic women and girls present, and to help change people's behaviour towards autistic people and their families. We want many more businesses, public sector services and different parts of the transport system to become more autism-inclusive, so that autistic people can access these spaces and services, just like everyone else.
- **Improving autistic children and young people's access to education and supporting positive transitions into adulthood:** we want the Special Educational Needs and Disability (SEND) system to enable autistic children and young people to access the right support, within and outside of school. We want schools to provide better support to autistic children and young people, so they are able to reach their potential, and to show that fewer autistic children are permanently excluded or suspended from school due to their behaviour. We will make improvements to the support autistic people get in their transitions into adulthood, so that more autistic people can live well in their own communities, find work or higher education or other opportunities. This is important in preventing more young people from avoidably reaching crisis point or being admitted into inpatient mental health services
- **Supporting more autistic people into employment:** we will make progress on closing the employment gap for autistic people, ensuring that more people who are able and want to work can do so and that those who have found a job are less likely to fall out of work. We want more employers to be confident in hiring and supporting autistic people, and to improve autistic people's experiences of being in work.
- **Tackling health and care inequalities for autistic people:** we want to reduce the health and care inequalities that autistic people face throughout their lives, and to show that autistic people are living healthier and longer lives. In addition, we want to have made significant progress on improving early identification, reducing diagnosis waiting times and improving diagnostic pathways for children and adults, so autistic people can access a timely diagnosis and the support they may need across their lives.
- **Building the right support in the community and supporting people in inpatient care:** we will achieve the targets set out in the NHS Long Term Plan to reduce the number of autistic people and people with a learning disability being admitted into inpatient mental health services. We will do so by improving the treatment of autistic people in mental health legislation to prevent people from being avoidably admitted to inpatient care and improving the provision of community mental health and crisis support. We will also improve the suitability and availability of housing support and social care. In addition, for people who do need to be in inpatient mental health settings, the quality of care will be better and more tailored to their individual needs and people will be discharged back into their communities as soon as they are well enough to leave.
- **Improving support within the criminal and youth justice systems:** we will build a clearer understanding of how autistic people come into contact with the criminal and youth justice systems, and the type of support they may need across court, prison and under probation supervision. We will improve the police and wider criminal and youth justice system staff's understanding of autism so that autistic people are more able to receive the right support, adjusted to their needs, as well as ensuring that different parts of the justice system – from prisons to courts – become more autism-inclusive.

[The national strategy for autistic children, young people and adults: 2021 to 2026 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/the-national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026)

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# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

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**This Hampshire Prevent and Autism strategic plan will set the vision and priorities related to Hampshire County Council in fulfilling the requirements of the Prevent duty. This is not a stand alone plan instead it dovetails with the Government's National Strategy for autistic children, young people and adults and Hampshire County Council's Autism strategy. Strategic cross cutting priorities across departments and partnerships will help to achieve the objectives of this plan.**

This Plan highlights Hampshire's Prevent strategic priorities and objectives over the next four years. A number of factors have helped to shape and influence these priorities including:

- The government's National Strategy for autistic children, young people and adults: 2021-2026.
- Thematic information on Prevent and Extremism
- Covid 19 response to safeguarding those vulnerable to radicalisation
- The Prevent Strategy (2011)
- The Prevent Duty Guidance (March 2015, updated April 2021, updated 2023)
- The Channel Duty Guidance (2020, updated 2023)

## Hampshire Prevent Partnership Board

The Hampshire Prevent Partnership Board oversees, coordinate and monitors the delivery of the Governments' Prevent strategy across Hampshire at the local level. Key stakeholders and partners attend the board, with Hampshire County Council holding the responsibility to chair the board. Working with stakeholders, partners, providers and our communities, we can develop the delivery of Prevent in Hampshire to achieve improved outcomes and better inclusivity for autistic people.

## Hampshire Prevent Priorities

- Wider awareness of Prevent and Channel amongst communities and key stakeholders.
- Increase awareness of vulnerabilities to radicalisation specifically related to autism
- Safeguard individuals with diagnosed or undiagnosed ASD who may be at risk of radicalisation via PREVENT and the Channel Programme.
- Improve support and interventions which are accessed through PREVENT and the Channel Programme.
- Work with internal and external partners to deliver the key priorities.

## Delivery of the Strategic Plan

Delivery of the Strategic Plan will occur in the following key phases:

- Year 1 will focus on planning and preparation
- Years 2, 3, will focus on delivery and evaluation
- Year 4 activities and progress will be reviewed against the objectives, with consultation and planning to continue to develop the strategic plan for 2027

# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

## Hampshire Prevent Priorities:

- Wider awareness of Prevent and Channel amongst communities and key stakeholders.
- Increase awareness of vulnerabilities to radicalisation specifically related to autism
- Safeguard individuals with diagnosed or undiagnosed ASD who may be at risk of radicalisation via PREVENT and the Channel Programme.
- Improve support and interventions which are accessed through PREVENT and the Channel Programme.
- Work with internal and external partners to deliver the key priorities

### Government Priority Areas

**Improving understanding and acceptance of autism within society:**

**Improving autistic children and young people's access to education and supporting positive transitions into adulthood:**

**Supporting more autistic people into employment:**

**Tackling health and care inequalities for autistic people:**

**Building the right support in the community and supporting people in inpatient care:**

**Improving support within the criminal and youth justice systems:**

### Priority 1 Wider awareness of Prevent and Channel amongst communities and key stakeholders

Provide accessible information on Prevent and Channel  
 Focus on addressing myths and concerns about Prevent and Channel  
 Utilise the Hampshire Prevent Partnership Board website alongside national campaigns to raise aware of Prevent

Provide accessible information on Prevent and the Channel programme to children, young people, parents and carers.  
 Ensure Prevent reporting mechanisms are appropriately advertised  
 Encourage reporting by breaking down barriers and developing a sense of personal responsibility.

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# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

## Priority 2

Increase awareness of vulnerabilities to radicalisation specifically related to autism

Identify training opportunities to develop awareness and understanding of ASD specific vulnerabilities to radicalisation

Develop an equality and human rights based model recognising the different cultural experiences and the impact of intersectionality on autism

Highlight Autism as a potential vulnerability to radicalisation within Prevent Training for practitioners within educational establishments.

Recognise the different experiences and differences of autism for men/ boys and women/ girls and the impact this has on under-diagnoses

Recognise the different experiences around autism in different cultures and the impact of cultural identity and diversity on individuals

Training to highlight autism as a potential vulnerability to radicalisation

Recognise the different cultural experiences and differences in experience of autism across gender, race and age

Recognise the impact of cultural identity and diversity on individuals

Highlight Autism as a potential vulnerability to radicalisation within Prevent Training including other health/ social disadvantages which may be push factors towards radicalisation

Recognise the different cultural experiences and differences in experience of autism across gender, race, and age

Recognise the impact of cultural identity and diversity on individuals, including faith

Highlight Autism as a potential vulnerability to radicalisation within Prevent Training.

Recognise the different cultural experiences and differences in experience of autism across gender, race, and age

Recognise the impact of cultural identity and, diversity on individuals, including faith

Highlight Autism as a potential vulnerability to radicalisation within Prevent Training.

Recognise the different cultural experiences and differences in experience of autism across gender, race, and age

Recognise the impact of cultural identity, diversity and faith on individuals, including the response of families and communities of those managed by the Youth Offending Team, National Probation Service or released from Prison

## Priority 3

Safeguard individuals with diagnosed or undiagnosed ASD who may be at risk of radicalisation via Prevent and the Channel Programme.

Ensure Prevent reporting mechanisms are appropriately advertised

Encourage reporting by breaking down barriers and developing a sense of personal responsibility

Recognising the different experiences around autism in different cultures and the impact of cultural identity and diversity

Building resilience with children and young people with ASD via PSHE/RSHE curriculum, incorporating internet safety and online harms. Understanding how to build healthy relationships and developing critical thinking.

Developing accessible resources

Developing conversations on cultural identity, diversity, and inclusion

Develop a co-produced booklet and toolkit on radicalisation and autism which parents/carers can utilise with children/young people.

Exploring other cultures and religions and promoting diversity and challenging prejudices and racist comments

Ensure HR polices are autism-friendly, including safeguarding and welfare regarding radicalisation, including information on referral pathways

Senior clinical representation from local mental health providers at Channel Panel

Faster pathways to diagnosis and support via Channel Panel, as per [prevent-mental-health-guidance.pdf](https://www.prevent-mental-health-guidance.pdf) ([england.nhs.uk](https://www.england.nhs.uk))

Develop understanding of co-occurring conditions as drivers towards radicalisation

Develop a co-produced booklet and toolkit on radicalisation and autism which parents/carers can utilise with children/young people

Develop a holistic and collaborative approach with partners to support the development of emotional resilience

Develop a holistic and collaborative approach with partners to safeguard autistic individuals.

Address experiences of prejudice, discrimination and racism which can be push factors towards radicalisation

# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

## Priority 4

Improve support and interventions which are accessed through Prevent and the Channel Programme.

Use relevant local and national frameworks to support the delivery of Prevent and the Channel programme

Explore involvement of communities and stakeholders to develop a range of approaches to support and intervention activities

Improved communication between settings across primary, secondary, post 16 settings to build full picture of individual support

Working in partnership across settings to develop talents/ interests of children and young people

Exploring other cultures and religions, promoting diversity and challenging prejudices and racist comments

Provide opportunities for employees to discuss their own concerns about extremism, events in the news and about British Values

Senior clinical representation from local mental health providers at Channel Panel

Faster pathways to diagnosis and support via Channel Panel, as per

[prevent-mental-health-guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61222/prevent-mental-health-guidance.pdf)  
([england.nhs.uk](http://england.nhs.uk))

To co-develop intervention materials that can be utilised by professionals supporting individuals through Channel

To co-produce guidance with Liaison and Diversion services for early intervention/diversion

To co-develop intervention materials that can be utilised by professionals supporting individuals through Channel

Ensure there are robust transition plans and action plans in place identifying support in place for those on Channel.

Identifying low-level support which is easily accessible

Develop a holistic and collaborative approach with partners to support the development of emotional resilience, critical thinking and sense of identity

To co-develop plans on overcoming barriers to support including issues of frustration, alienation and social exclusion

## Priority 5

Work with internal and external partners to deliver the key priorities

HPPB stakeholders to take responsibility for the delivery of this plan

Develop community, third sector networks via partnerships

Align priorities with mainstream community safety approaches

Develop a multi-agency annual governance framework for identification, support, intervention and exit of Channel cases

Establish an HPPB education sub group to develop a universal approach across primary, secondary, post 16 settings with reducing the risk of radicalisation to children and young people diagnosed with or demonstrating autistic behaviours

Working across statutory, community and third sector partnerships

Offer opportunities, skills development, including support to strengthen executive functioning to build confidence and sense of self and identity

Promote initiatives through statutory, community and third sector partnerships

Develop a holistic and collaborative approach with partners to overcoming barriers to accessing timely health care via Channel Panel and to maximise support for autistic children, young people and adults

Work collaboratively with wider stakeholders to engage with those who remain unknown to existing services

Develop a holistic and collaborative approach with statutory, community and third sector partners to address the complexity of reintegration and rehabilitation, taking into account the impact of gender and race.

Develop a holistic and collaborative approach with statutory, community and third sector partners to address the complexity of reintegration and rehabilitation, taking into account the impact of gender and race.

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# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

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# HAMPSHIRE PREVENT AND AUTISM STRATEGIC PLAN

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