A GUIDE FOR PARENTS AND CARERS

Could my teenager be autistic?

Understanding autism, making sense of the diagnostic criteria, navigating assessment and supporting your young person at home.



Neuro-affirmative

Linked to the diagnostic criteria

Practical strategies for home

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For families in the UK

WELCOME

Before you begin

A few words about why this guide exists, how to use it, and what you will find inside.

Dear parent or carer,

You may have started to wonder whether your teenager might be autistic. However you arrived at that question, you are in the right place, and you are not alone.

Many autistic young people are not recognised until secondary school. Noticing now is not too late, and it does not mean you missed something.

This guide will help you understand autism, make sense of the criteria clinicians use, find your way through assessment and support your young person at home, whatever the outcome.

Dip in and out, and use the pages that help today.

Warm wishes,

Andrew

A note on language

I use identity-first language, such as "autistic young person", because many autistic people prefer it. Some prefer "person with autism", and your young person's preference always comes first. Where the diagnostic manuals use clinical words like "deficits", I have translated them into everyday, respectful language.

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PART 1 · UNDERSTANDING AUTISM

What is autism?

A different way of thinking, sensing and relating to the world.

Autism is not an illness, and it is not something to be fixed. It is a different neurotype. The often-quoted figure of around 1 in 100 people is now thought to underestimate the true picture, because many autistic people, especially girls, women and adults, have never been identified.

A lifelong difference

Autism shapes how a person communicates, connects with others, processes sensory information and experiences change.

Not caused by parenting

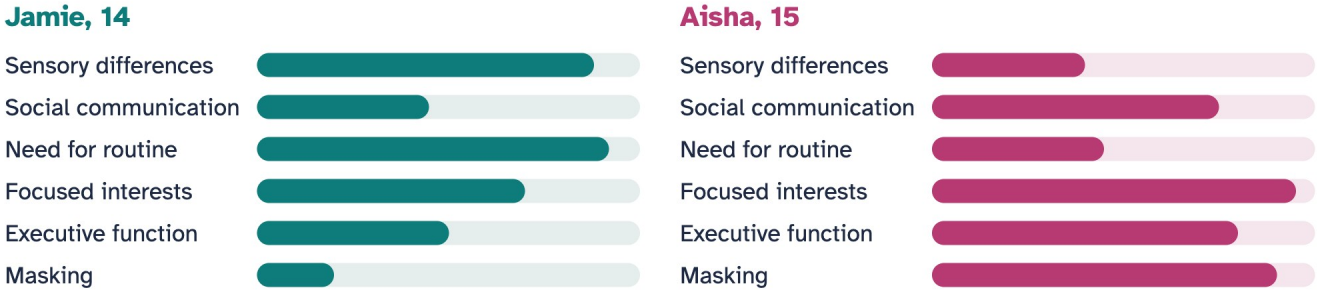
Autism is largely genetic and often runs in families. It is not caused by parenting, diet, vaccines or screen time.

Part of neurodiversity

Brains vary naturally. Autism brings real strengths alongside real challenges that deserve understanding and support.

One spectrum, many profiles

A spectrum is not a line from "mild" to "severe"



Illustrative examples only. Each person's profile is unique and can shift with stress, environment and age.

Myths and realities

MYTH
Autistic people lack empathy.

REALITY
Many feel emotions intensely. Misunderstandings between autistic and non-autistic people run both ways: the "double empathy problem".

MYTH
Everyone is a bit autistic.

REALITY
Many people share some traits, but autism is a consistent pattern across life that shapes everyday experience.

MYTH
Autism is a "boy thing".

REALITY
Girls and young women are often missed because they may mask more or present differently.

PART 1 · UNDERSTANDING AUTISM

Why the teenage years?

Secondary school often tips the balance between what is asked of a young person and what they can manage.

1

Bigger, busier schools

Moving rooms, many teachers, crowded corridors and noisy canteens, all day long.

2

Social rules shift

Friendships move from shared play to banter, group chats and unwritten codes.

3

More to organise

Homework, equipment, deadlines and timetables place heavy demands on planning.

4

Puberty and change

Changing bodies, hormones and a developing identity can add to sensory and emotional load.

5

Masking gets harder

Strategies that worked at eight can become exhausting and unsustainable at thirteen.

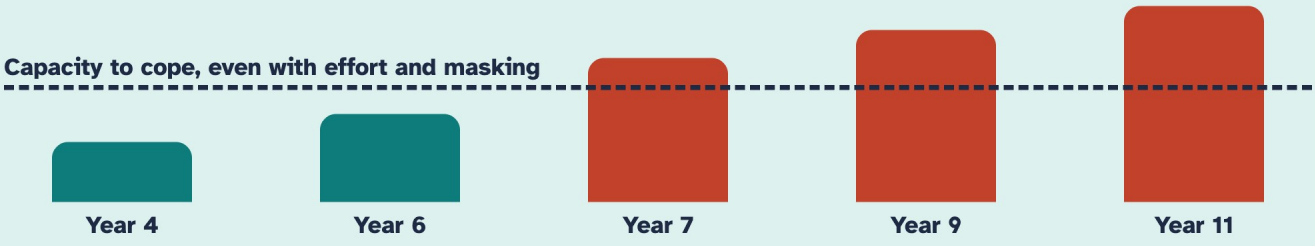
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Wellbeing surfaces

Anxiety, low mood or difficulty attending school may be the first thing anyone notices.

When demands outgrow coping

Both international diagnostic manuals recognise that autistic differences may not become fully visible until social demands exceed a person's capacity to manage them.



What parents often notice first

- Exhaustion after school
- Big reactions at home
- Difficulty attending school
- Withdrawing from friends
- Sleep difficulties
- Changes in eating
- Distress at small changes
- Friendship fallouts
- Retreating into interests

Masking and camouflaging

Many autistic teenagers work incredibly hard to blend in. It can hide their needs from others, and sometimes from themselves.

Masking means hiding or holding in autistic traits and copying others in order to fit in. It is often automatic rather than a conscious choice. It is widely reported in girls and young women, but boys, non-binary young people and those from communities where fitting in is highly valued may mask too.

What it can look like

- Rehearsing conversations
- Copying a friend's style, phrases or interests
- Forcing eye contact
- Using humour or scripts
- Holding in stims
- Staying quiet to avoid mistakes
- Perfectionism

The cost

- Deep exhaustion
- Rising anxiety
- Distress released at home after school
- Losing a sense of who they really are
- Autistic burnout
- Needs being overlooked for years

"We don't see it at school"

This is very common, and both views can be true. Many young people hold it together in class and let go at home, where they feel safest. Ask school about unstructured times, such as corridors, lunch and group work.

The fizzy drink effect

Each stressful moment shakes the bottle a little more. Nothing shows on the outside, until the lid comes off somewhere safe.



What helps

- Trust what you see at home. It is real and important information.
- Share specific examples with school, especially from unstructured times.
- Allow decompression time after school before questions or demands.
- Make home a place where your teenager does not have to mask.

PART 2 · THE DIAGNOSTIC CRITERIA

Social communication

How a diagnosis is made, and what Criterion A looks like in everyday life.

UK clinicians diagnose autism using **DSM-5-TR** (American Psychiatric Association, 2022) or **ICD-11** (World Health Organization). NICE guidance asks teams to combine information from home, school and direct assessment with clinical judgement, rather than relying on one test.

The DSM-5-TR "recipe": all five parts are needed

A All 3 social communication areas

B At least 2 of 4 patterns and sensory areas

C Present from early development

D Significant impact on daily life

E Not better explained by another condition

A1

Back-and-forth connection

Differences in starting or responding to interaction, sharing interests and feelings, and the flow of conversation.

IN A TEENAGER YOU MIGHT NOTICE

- Talking at length about interests, missing cues to switch topic
- Finding small talk pointless or draining
- Preferring one-to-one or online contact

A2

Nonverbal communication

Differences in using and reading eye contact, facial expression, gesture, body language and tone of voice.

IN A TEENAGER YOU MIGHT NOTICE

- Eye contact that feels uncomfortable, or is carefully "performed"
- Expressions or tone misread as rude or uninterested
- Missing sarcasm or a teacher's meaningful look

A3

Relationships

Differences in making, keeping and understanding relationships, and adjusting to different social situations.

IN A TEENAGER YOU MIGHT NOTICE

- A few intense friendships, often with older or younger people
- Confusion about shifting friendship-group rules
- Trusting easily and being taken advantage of

A note on wording. The manuals say "deficits". Because communication is two-way, this guide says differences. Many autistic teenagers communicate easily with other autistic people.

PART 2 · THE DIAGNOSTIC CRITERIA

Patterns, sensory and the rest

Criterion B, plus the three conditions every diagnosis must also meet.

B **At least two of these four areas**, either now or earlier in life.

B1 Repetitive movement or speech

Repeated movements, use of objects or speech, such as echoing or scripted phrases.

- Stimming: pacing, rocking, hand movements, humming
- Repeating lines from shows or videos
- Unusually formal or precise language

B2 Sameness and routine

A strong need for sameness, routines or rituals, distress at small changes and rigid thinking.

- Big reactions to a supply teacher or changed plans
- Black-and-white thinking about rules and fairness
- Needing to know the plan in detail

B3 Highly focused interests

Intense interests that are unusual in their strength or focus.

- Deep expertise in a game, fandom, animal or era
- Popular topics pursued with unusual intensity
- Interests as a key source of joy and calm

B4 Sensory experiences

Being more or less sensitive to sensory input, or unusually interested in sensory experiences.

- Avoiding noisy canteens; hating clothing labels
- A limited diet linked to texture or smell
- Not noticing hunger, pain or temperature

C Early development

Signs were there in childhood, even if they only became clear later or were hidden by learned strategies.

D Real impact

Differences significantly affect school, home life, friendships or wellbeing.

E Best explanation

Not better explained by intellectual disability or developmental delay, which can also co-occur.

And ICD-11?

ICD-11 (code 6A02) describes the same two core areas. It recognises that features may only become apparent when demands increase, and that some people manage through exceptional effort, so their difficulties are not visible to others. Neither manual now uses separate labels such as Asperger syndrome.

PART 2 · THE DIAGNOSTIC CRITERIA

At home and at school

Everyday examples, and why patterns matter more than any single trait.

Area	At home you might see	At school, staff might say
Communication	Long, detailed talks about interests; literal responses to jokes or figures of speech	"Answers precisely, but rarely joins class discussion"
Friendships	Few friends visit; most connection happens online or through gaming	"On the edge of groups at break, or attached to one friend"
Change	Distress when plans change, even for something enjoyable	"Unsettled by cover lessons, trips or room changes"
Interests	Hours on one topic; collecting, cataloguing or researching	"Very knowledgeable, but finds it hard to switch subjects"
Sensory	The same clothes on repeat; eating separately; headphones always on	"Avoids the canteen and assemblies; mentions noise or smells"
Energy	Exhausted, irritable or tearful after school; needs time alone	"Quiet and compliant. No concerns here."
Emotions	Feelings that build quickly, or real difficulty naming how they feel	"Seems fine, then suddenly isn't, with no obvious trigger"

Look back as well as now

A diagnosis needs evidence that differences were present from early development. Photos, videos, nursery reports and family memories can all help. Did your child...

- Talk early, late or unusually, perhaps repeating phrases?
- Play alongside others, or direct the play?
- Line up, sort or collect things?
- React strongly to noise, textures or food?
- Find transitions such as drop-off very hard?
- Have intense early interests?

Patterns, not single traits. Any teenager can be moody, private or glued to their phone. Clinicians look for a consistent pattern across different settings and over time, beginning in early childhood.

Strengths and autistic joy

Understanding autism means seeing the whole young person, not just the challenges.

Assessment focuses on difficulties, so deliberately notice what your young person brings. Research suggests a positive autistic identity goes hand in hand with better wellbeing.

Deep focus
Can concentrate for hours on what matters to them.

Honesty
Says what they mean, and means what they say.

Sense of justice
Cares deeply about fairness and doing right.

Eye for detail
Spots patterns and details others miss.

Loyalty
Committed, reliable friends once trust is built.

Original thinking
Approaches problems from fresh angles.

Memory
Holds on to facts and details that interest them.

Passion
Infectious enthusiasm for the things they love.

Autistic joy

Flapping, bouncing, info-dumping about a favourite topic or rewatching the same show for the tenth time are often signs of happiness and regulation. Let them happen freely at home.

A gentle caution

Not every autistic person has all of these strengths, and they should never become pressure. "Superpower" language can feel invalidating on hard days.

Try this at home: a strengths conversation

"What do you think you're really good at?"

"When do you feel most like yourself?"

"What would your friends say they like about you?"

Spot it, name it. Specific praise lands better than general praise. Try "I noticed how carefully you researched that" rather than "Well done".

Three things I love about my young person

1 .....

2 .....

3 .....

Overlaps and co-occurring needs

Autism rarely travels alone. A good assessment looks at the whole picture.

ADHD
Very commonly co-occurs. Both can be diagnosed together, sometimes called AuDHD.

Anxiety
Extremely common. Social anxiety can look similar but has different roots.

Low mood
Can follow years of masking, isolation or feeling misunderstood.

Language disorder
Developmental Language Disorder (DLD) can overlap with social communication differences.

Dyspraxia (DCD)
Coordination and motor planning differences, from handwriting to sport.

Learning differences
Such as dyslexia, or a learning disability, which needs careful assessment.

Sleep
Difficulty falling or staying asleep is very common in autistic young people.

Eating and food
Sensory-based restricted eating is common. Talk to your GP promptly about any concerns.

Physical health
Hypermobility, gut problems and epilepsy are more common in autistic people.

Tics and Tourette's
Can co-occur, and are sometimes confused with stims or the other way round.

Demand avoidance
Anxiety-driven avoidance of everyday demands, sometimes called a PDA profile. Not a separate diagnosis in either manual.

Trauma and attachment
Can share surface features with autism. Experienced clinicians consider both.

Why this matters
Co-occurring needs may be identified at the same time or later. Tell the assessment team everything you notice, even if it seems unrelated.

Identity
Autistic young people are more likely to be gender diverse or to question their identity. Open, unhurried and accepting conversations help.

Remember: an autism assessment is not a mental health assessment. If you are worried about your teenager's mood, safety, eating or self-harm, speak to your GP straight away rather than waiting. Page 19 lists urgent help.

PART 3 · NEXT STEPS

Talking with your teenager

Your teenager is the expert on their own experience. Bringing them into the conversation matters.

Young people have a right to be involved in decisions about their health. From 16 they are presumed able to consent for themselves, and younger teenagers may be too if they understand what is involved. Assessment usually goes better when a young person knows why it is happening and feels part of it.

Helpful approaches

- Choose low-pressure moments: in the car, on a walk, side by side
- Lead with curiosity rather than labels
- Share what you have noticed, strengths and struggles alike
- Offer information in different forms, such as videos by autistic creators
- Give time to process. Nobody needs to decide today
- Separate "understanding yourself" from "something is wrong"
- Use their words for their own experiences

Conversation starters

"I've noticed school really drains you. I wonder if your brain works in a way that makes some things harder and some things easier. Would you want to find out more?"

"Some people find it helps to understand why certain things feel overwhelming. There's no rush, and it's your choice."

"Whatever we find out, you're still exactly you. It's about getting the right understanding and support."

If they say "no"

Respect it and keep the door open. You can still make changes at home and ask school for support without a diagnosis. Many young people return to the idea later.

If you recognise yourself

Many parents see their own traits as they learn about autism. That can be a powerful moment of understanding, and adults can seek assessment too.

Before the assessment, you could ask your teenager

- What would you like the clinician to know?
- Would you prefer to talk, write or draw?
- What would make the day easier?
- Is there anything you are worried about?

PART 3 · NEXT STEPS

The assessment journey

What to expect in England. Local pathways vary, so check with your GP or school.

1. **Notice and gather**
   Keep examples from home, school and early childhood (see page 13).
2. **Talk to someone**
   Your GP, the school SENCo or school nurse. Some areas accept referrals from schools; others need a GP or CAMHS referral.
3. **Referral and triage**
   The service decides whether to accept the referral and may send questionnaires to you and to school.
4. **Waiting**
   NHS waits are often long. Use this time to put support in place (see page 14).
5. **Assessment**
   NICE recommends a multidisciplinary team. Expect a detailed developmental history interview with you, time with your young person (often a structured observation such as the ADOS-2), information from school and consideration of other conditions. It may take several appointments, in person or online.
6. **Feedback and next steps**
   You will hear the outcome, receive a written report with recommendations and be signposted to post-diagnostic support.

Right to Choose

If you are registered with a GP in England and an assessment is clinically appropriate, you can ask to be referred to another NHS-contracted provider. Some Integrated Care Boards have paused or restricted this route since 2025, so check the current position with your GP.

Private assessment

Check that clinicians are HCPC or GMC registered, the assessment follows NICE guidance with a multidisciplinary team, school views are gathered, and local services will recognise the report.

Elsewhere in the UK

Wales, Scotland and Northern Ireland have their own pathways and guidance, such as SIGN 145 in Scotland. Right to Choose applies only in England.

Possible outcomes

Autism is diagnosed

Not autism, but other needs are identified

More information or a later review is needed

Whatever the outcome, your observations and your young person's experiences remain valid, and their needs still deserve support.

PART 3 · NEXT STEPS

Noticing and noting

A worksheet for gathering the specific, everyday examples clinicians find most useful.

Specific beats general. "Covers his ears and leaves the room when the blender goes on" tells a clinician far more than "sensitive to noise". Use your teenager's own words where you can.

Friendships and connection Who, how often, online or in person?	
Communication Topics, tone, taking things literally	
Change and routine What happens when plans change?	
Interests What, how intense, for how long?	
Sensory experiences Sounds, textures, food, light, pain	
Emotions and energy After school, weekends, holidays	
Early childhood Speech, play, reactions, milestones	

What to gather before the assessment

- [ ] Red book or early health records
- [ ] Earlier reports (SLT, EP, OT, CAMHS)
- [ ] Your questions for the team
- [ ] School reports and attendance
- [ ] Short videos, with your teen's agreement
- [ ] Your teenager's own views, in any form

PART 3 · NEXT STEPS

While you wait

Support should follow need, not diagnosis. You do not have to wait to make things better.

! In England, the SEND Code of Practice is clear that **a diagnosis is not needed** for a young person to receive SEN Support, or for you to request an Education, Health and Care (EHC) needs assessment.

Working with school

1. Ask to meet the SENCo or pastoral lead
2. Share your examples and your teenager's views
3. Agree a written plan: assess, plan, do, review
4. Review it regularly and adjust what isn't working

Adjustments worth asking about

- Exit or time-out card
- Quiet space at break and lunch
- Leaving early to avoid busy corridors
- Uniform flexibility for sensory needs
- An agreed seat in class
- Advance warning of cover teachers
- Homework written down
- A named key adult
- Clear roles in group work
- Movement breaks
- Ear defenders allowed
- Alternatives to reading aloud

Finding school hard?

If your teenager is struggling to attend, treat it as a sign of unmet need rather than defiance. Talk to school early and ask for a support plan rather than sanctions.

SEND reform: what is changing?

The February 2026 Schools White Paper proposes major changes to SEND support in England, including EHC plans. These are proposals: the law has not yet changed and current rights still apply.

Free, impartial advice: your local SENDIASS (SEND Information, Advice and Support Service) and IPSEA can explain your rights and the latest position on reforms. Your council's Local Offer lists support available in your area.

PART 4 · STRATEGIES FOR HOME

A sensory-friendly home

Small changes to the environment can make a big difference to how much energy your teenager has left.

Sound

You might notice: covered ears, leaving the room, music on to block noise

Try: noise-cancelling headphones or loop earplugs; a warning before the hoover or blender.

Light

You might notice: squinting, a preference for dim rooms, headaches

Try: lamps rather than overhead lights, warm bulbs and blackout blinds.

Touch

You might notice: the same clothes on repeat, refusing new fabrics

Try: tag-free, seam-free clothes they choose; wash new items before wearing.

Smell

You might notice: gagging at cooking smells, perfume or cleaning products

Try: unscented products, open windows, and eating separately at times.

Taste and texture

You might notice: a small, reliable list of "safe" foods

Try: keep safe foods available without pressure; offer new foods alongside, never forced.

Movement

You might notice: pacing, rocking, spinning on a chair

Try: walks, trampolines, swings, rocking chairs, dancing in the kitchen.

Body awareness

You might notice: seeking tight hugs, heavy covers, crashing into things

Try: "heavy work" such as carrying shopping or the gym; a weighted blanket if liked.

Inner body signals

You might notice: missing hunger, thirst, tiredness or needing the toilet

Try: gentle prompts for drinks and snacks; help link body signals to feelings.

Create a calm space

- A den, corner or bedroom retreat with low light
- Beanbag, blanket, headphones and comfort items
- An agreed "do not disturb" signal that everyone respects

Let them stim

Stimming helps with regulation, focus and joy. Unless it causes harm, there is no need to stop it, especially at home.

Try a sensory audit together. Walk around the house and ask, "What's the hardest room to be in, and why?" Your teenager's answers often surprise parents.

PART 4 · STRATEGIES FOR HOME

Communication that connects

How we say things can make everyday life calmer for everyone.

Say what you mean

Clear, literal language. Sarcasm and idioms are harder to process when stressed.

Allow thinking time

Pause after a question. Silence often means processing, not ignoring.

One thing at a time

Break instructions into single, manageable steps.

Write it down

Many teenagers prefer a text or note, even from the next room.

Side by side

Talk while driving, walking or gaming, rather than face to face.

Welcome info-dumping

Sharing a passion in detail is a way of connecting with you.

Explain the why

Reasons make requests feel fair and predictable.

Decompress first

Save "How was school?" until they have had time to recover.

Fewer words in distress

When stress is high, say less and keep your voice low and calm.

Instead of...	Try...
"Can you tidy your room?"	"Please put your clothes in the wash basket before tea."
"Look at me when I'm talking to you."	"You don't need to look at me. I just need to know you're listening."
"Why did you do that?"	"Help me understand what happened."
"We'll see."	"I don't know yet. I'll let you know by six o'clock."
"Stop being rude."	"That came across as sharp. Did you mean it that way?"
"Hurry up!"	"We leave in ten minutes. I'll give you a two-minute warning."
"You're overreacting."	"This feels really big for you right now."

Try declarative language. Comments invite rather than demand. "I notice the bins go out tonight" can land more gently than "Take the bins out", especially for young people who find direct demands hard.

PART 4 · STRATEGIES FOR HOME

Predictability and demands

Knowing what is coming, and facing fewer demands when energy is low, eases anxiety.

Make life predictable

- Keep a shared weekly planner, on paper or a phone
- Share plans early, including who will be there
- Mention changes as soon as you know about them
- Talk through a "Plan B" for likely changes
- Give countdowns before transitions

Support planning and organising

- Break tasks into small, visible steps
- Put checklists by the front door
- Use phone alarms and reminders
- Try body doubling: simply being nearby while they work
- Help them start, rather than taking over

Energy accounting

DRAINS ENERGY

Crowded places · Unexpected change · Masking · Noise · Small talk · Poor sleep



RECHARGES ENERGY

Special interests · Time alone · Stimming · Pets · Music · Being outdoors

Map these together. On days with lots of drains, build in more recharging time.

On a hard day, lower the demands

Must
Safety, health and medication. Eating something.

Should
Showering, homework, getting dressed. These can flex.

Could
Tidying, family meals at the table, visits. Drop for now.

These are examples. Your family's list will look different, so agree it together when things are calm.

Example: a low-demand after-school rhythm

Arrive home	Recharge	Reconnect	One task	Wind down
Snack and quiet. No questions yet.	Time alone or with an interest.	A chat over tea, if they're ready.	Homework with you nearby.	The same calm routine each night.

Solve problems together. Hear their concern first, then share yours, then look for a solution that works for you both. This draws on Dr Ross Greene's Collaborative and Proactive Solutions approach.

Meltdowns, shutdowns and burnout

Understanding what is happening helps you respond with calm rather than consequences.

Meltdown

An involuntary response to overwhelm, not a tantrum or a choice. It may look like shouting, crying, running or lashing out.

Shutdown

The same overwhelm turned inwards: going quiet, being unable to speak, retreating to bed or zoning out.

Autistic burnout

Deep exhaustion after a long period of stress or masking. Skills may dip and sensitivity rise, sometimes for months.

BEFORE

Watch for pacing, short answers, more stimming or irritability.

- Reduce demands
- Offer space and sensory tools
- Quietly change the plan

DURING

Safety comes first. Their thinking brain is offline.

- Say very little
- Lower noise and light
- No reasoning, questions or punishment
- Stay close if wanted

AFTER

Recovery can take hours. Many feel embarrassed or drained.

- Rest, food and drink
- No immediate post-mortem
- Later, gently explore what built up
- Reconnect and repair

Signs of burnout

- Exhaustion that rest does not fix
- Losing skills they had, such as self-care or speech
- More sensitivity, more meltdowns or shutdowns
- Withdrawing from things they usually enjoy

What helps

- Real rest, with demands kept to a minimum
- Adjustments at school, agreed with staff
- Protected time for interests and stimming
- A GP visit if you are worried about their health

Make a calm plan together, when things are settled

My early signs are...	What helps me is...	Please don't...

Calm is contagious. Your steady presence is one of the most powerful tools you have. Look after your own regulation too. If anyone is at risk of harm, put safety first and seek help (see page 19).

PART 4 · STRATEGIES FOR HOME

Wellbeing and life online

Nurturing connection, protecting mental health and staying safe online.

Friendships

- Quality matters far more than quantity
- Interest-based groups, such as clubs, gaming, drama, sport or coding, make connection easier
- Online friendships are real friendships
- Time alone is a need, not a problem to fix

Life online

- It can be a lifeline for connection and autistic community
- Trusting, literal thinking can increase the risk of being manipulated
- Agree rules together rather than imposing them
- Safe people never ask you to keep secrets or send images
- Stay open, so they come to you if something goes wrong

Sleep

Sleep difficulties are common. Try a consistent wind-down, sensory comfort such as white noise, and calming rather than stimulating screen time. Speak to your GP before trying melatonin.

Watch for changes

Autistic young people experience higher rates of anxiety and depression. Talk to your GP if you notice:

- Withdrawal from things they love
- Changes in sleep or eating
- Talk of hopelessness or being a burden
- Any sign of self-harm

Puberty and changing bodies. Explain changes early and factually. Sensory needs can make periods, shaving or deodorant harder, so explore options together, such as unscented products.

If you need help urgently

Immediate danger: call 999 or go to A&E

Urgent mental health support: call NHS 111 and choose the mental health option

Shout: text SHOUT to 85258, free and 24/7

Samaritans: call 116 123, free and 24/7

Childline: call 0800 1111, for under 19s

Your GP: ask for an urgent appointment

PART 5 · YOU AND YOUR FAMILY

Looking after you

Your wellbeing matters too, and support is out there.

Find your people
Parent carer forums and local groups can be a lifeline.

Listen to autistic voices
Autistic writers and creators offer insight from the inside.

Ask about carer support
You can ask your council for a parent carer needs assessment.

Be kind to yourself
Mixed feelings are normal. Rest when you can.

Where to find help

National Autistic Society autism.org.uk
Information, advice and Teen Life courses.

Autism Central autismcentral.org.uk
Free peer education for families.

Ambitious about Autism
ambitiousaboutautism.org.uk
Resources for young people and families.

Autistic Girls Network autisticgirlsnetwork.org
Support for autistic girls and young women.

IPSEA ipsea.org.uk
Free legal advice on SEND.

Contact contact.org.uk
Help for families with disabled children.

YoungMinds youngminds.org.uk
Mental health advice and a parents' helpline.

SENDIASS and Local Offer
Find yours on your council's website.

ABOUT THE AUTHOR

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Consultant Speech and Language Therapist and specialist neurodevelopmental assessor, experienced in autism and ADHD assessment across the lifespan. Andrew has led multidisciplinary NHS and independent services, and his practice is neuro-affirmative and strengths-based.

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Key sources: American Psychiatric Association (2022) DSM-5-TR · World Health Organization, ICD-11 (6A02) · NICE (2011, updated 2017) Autism spectrum disorder in under 19s: recognition, referral and diagnosis (CG128) · DfE and DHSC (2015) SEND Code of Practice: 0 to 25 years · DfE (2026) Every Child Achieving and Thriving · Milton (2012) The double empathy problem · Greene, Collaborative and Proactive Solutions.

This guide offers general information and does not replace individual professional advice. If you have concerns about your young person, speak to your GP, the school SENCo or a qualified professional.