

Issues of Autism Diagnosis and Post-Diagnostic Support in Girls

A system analysis of the factors contributing to the failings of autism diagnosis and post-diagnostic support amongst female populations in the UK.

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**Table** **of Contents**

Executive Summary 3

Why Research Autism in Females? 4

Research Methods 5

Problem Landscape 6

The Impact of the Issue 6

Contributing Factors 9

Solution Landscape 12

Media 12

Education 14

Gaps and Levers of Change 15

Key Insights & Lessons Learned 18

**Executive Summary**

Hermione Cameron, an autistic woman and part of the National Autistic Society, expresses how autism has until recently been seen as a male disorder with autistic women being seen as ‘nothing more than a myth, like the unicorn or the Loch Ness monster…’ [1]. Certainly, although perceptions of women on the spectrum are beginning to change, statistics surrounding autism diagnosis continue to reflect discrepancies between the genders. The ratio for males to females diagnosed with an ASD remains around 4:1, significantly higher than the more accurate ratio of 3:1 in population-based samples wherein all individuals are screened for autism [2]. One reason for this may be a more specific female autism phenotype, wherein females have significantly lower levels of social impairments and repetitive, restrictive behaviours than their male counterparts, whilst expressing other additional behaviours or characteristics that are not accounted for in current diagnostic criteria [3]. Inaccuracies within diagnostic criteria has led to issues such as high levels of misdiagnosis, with 42% of females being wrongly given diagnoses of psychiatric, eating or personality disorders compared to 30% of males [4]. If individuals do manage to obtain an ASD diagnosis, the support offered is often minimal or inappropriate. One statistic suggests that only 21% of parents of autistic children were given a direct offer of further support following diagnosis [5].

[1] Cameron, H. (n.d.). Stories from the Spectrum: Hermione Cameron. Retrieved from: <https://www.autism.org.uk/advice-and-guidance/stories/stories-from-the-spectrum-hermione-cameron>

[2] Loomes, R., Hull, L., Mandy, W. P. L. (2017). What is the male-to-female ratio in autism spectrum disorder? A systematic review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry, 56*(6), 466-474.

[3] Hull, L., Mandy, W., Petrides, K. V. (2017). Behavioural and cognitive sex/gender differences in autism spectrum condition and typically developing males and females. *Autism, 21*(6), 706-727.

[4] The National Autistic Society (2012). The way we are: autism in 2012 [online]. Available at: <https://cnnespanol.cnn.com/wp-content/uploads/2017/04/50th-survey-report-2012.pdf>

[5] Crane, L., Chester, J. W., Goddard, L., Henry, L. A., Hill, E. (2016). Experiences of autism diagnosis: A survey of over 1000 parents in the United Kingdom. *Autism, 20*(2), 153-162.

I am an NTU student looking to better understand the discrepancies between male and female autism diagnosis with the aim of pinpointing ways for individuals to receive better care and support. Throughout this project I have gathered extensive research to identify the individual actors in this issue and to explore why the challenges surrounding autism diagnosis in girls within the UK may exist. I have additionally mapped existing solutions and identified the gaps and levers of change pertaining to the problem.

**Why Research This?**

According to the NAS (2012) survey only 21% of girls with ASD were diagnosed by age 11 compared to 52% of males [4]. Such a massive gap between the genders means that many females are not receiving the early interventions or support that they need, making them significantly more disadvantaged than autistic males. Exploring why this is and how it can be rectified is incredibly important due to the negative effects lack of diagnosis and support can have on mental health and wellbeing. In addition to this when autistic individuals, as well as relevant stakeholders, are surveyed about the issue there is consensus among them that when thinking of future priorities for autism research it is important that it focuses on areas that make a difference to people’s day-to-day lives [6]. Diagnosis and post-diagnostic support are a large parts of this. From a health perspective, autistic women are significantly more likely to experience more overall physical health challenges as compared to autistic men as well as non-autistic women [7], highlighting how essential focusing on this group is.

I decided to limit my map to the United Kingdom as I will be able to view the individual actors in more detail. However, I will be analysing research from different countries to gain a bigger picture of interventions and systems.

**Research Methods**

My research was compiled through an in-depth document analysis consisting of academic journals, news articles, first-person reports, and government publications.

[6] Pellicano, E., Dinsmore, A., Charman, T. (2014). What should autism research focus upon? Community views and priorities from the United Kingdom. *Autism, 18*(7), 756-770.

[7] Kassee, C., Babinski, S., Tint, A., Lunsky, Y., Brown, H. K., Ameis, S. H., Szatmari, P., Lai, M., Einstein, G. (2020). Physical health of autistic girls and women: a scoping review. *Molecular autism, 11*(1), 1-22.

**Problem Landscape**

**The Impact of the Issue**

**Mental Health**

It has been widely shown that mental health disorders are more prevalent among autistic populations, with some studies showing up to 50% of autistic individuals experiencing depression [8]. These difficulties can also be more significant when they present for autistic individuals. For example, young people with autism have been shown to be 11.9 times more likely to need a psychiatric admission than children who are typically developing [9]. This is particularly true for autistic females as they in general show more internalising symptoms than autistic males [10], leading to a greater proportion of women accessing psychiatric and emergency department services [11]. Despite this, mental health support can be inconsistent and unreliable at best. Caregivers of children with ASD as compared to other conditions are significantly more likely to report lack of care support and difficulty using services [12]. In qualitative interviews with autistic adult women themes such as ‘people like me don’t get support’ frequently occur, as do the fact that their co-occurring mental health diagnoses and autism make them ‘too complicated’ for services [13]. This is echoed by therapists who have been found to perceive autistic individuals as ‘frustrating and challenging’ [14]. Although it is difficult to get mental health support with an ASD diagnosis, not being able to access diagnoses can also lead to difficulties. Some doctors have claimed that they would be less likely to diagnose ASD if there was another pathology present [15]. This may lead to autistic individuals being forced to use different methods to fit into a neurotypical world. Compensatory strategies have been shown to further decrease quality of life, especially relating to health and wellbeing [16]. With autistic individuals being eight times as likely to die by suicide than those without autism, and especially autistic women being twice as likely as autistic men to attempt suicide [17], this issue deserves a lot more attention.

[8] Jacobs, P. (2015). Adolescent girls with an Autism Spectrum Disorder: Presentation, challenges and support needs in the mainstream education system (Unpublished dissertation). Flinders University, Adelaide.

[9] Siegel, M., Doyle, K., Chemelski, B., Payne, D., Ellsworth, B., Harmon, J., Robbins, D., Milligan, B., Lubetsky, M. (2012). Specialized inpatient psychiatry units for children with autism and developmental disorders: A United States survey. *Journal of Autism and Developmental Disorders, 42*(9),1863-1869.

[10] Solomon, M., Miller, M., Taylor, S. L., Hinshaw, S. P., Carter, C. S. (2012). Autism symptoms and internalizing psychopathology in girls and boys with autism spectrum disorders. *Journal of autism and developmental disorders, 42*(1), 48-59.

[11] Tint, A., Weiss, J. A., Lunsky, Y. (2017). Identifying the clinical needs and patterns of health service use of adolescent girls and women with autism spectrum disorder. *Autism Research, 10*(9), 1558-1566.

[12] Vohra, R., Madhavan, S., Sambamoorthi, U., St Peter, C. (2014). Access to services, quality of care, and family impact for children with autism, other developmental disabilities, and other mental health conditions. *Autism, 18*(7), 815-826.

[13] Camm-Crosbie, L., Bradley, L., Shaw, R., Baron-Cohen, S., Cassidy, S. (2019). ‘People like me don’t get support’: Autistic adults’ experiences of support and treatment for mental health difficulties, self-injury and suicidality. *Autism, 23*(6), 1431-1441.

[14] Brookman-Frazee, L., Drahota, A., Stadnick, N., Palinkas, L. A. (2012). Therapist perspectives on community mental health services for children with autism spectrum disorders. *Administration and Policy in Mental Health and Mental Health Services Research, 39*(5), 365-373.

[15] Dworzynski, A., Ronald, A., Bolton, P., Happé, F. (2012). How different are girls and boys above and below the diagnostic threshold for autism spectrum disorders? *Journal of the American Academy of Child & Adolescent Psychiatry, 51*(8), 788-797.

[16] Livingston, L. A., Shah, P., Happé, F. (2019). Compensatory strategies below the behavioural surface in autism: a qualitative study. *The Lancet Psychiatry, 6*(9), 766-777.

[17] Hirvikoski, T., Boman, M., Chen, Q., D’Onofrio, B. M., Mittendorfer-Rutz, E., Lichtenstein, P., Bölte, S., Larsson, H. (2020). Individual risk and familial liability for suicide attempt and suicide in autism: A population-based study. *Psychological medicine, 50*(9), 1463-1474.

**Misdiagnosis/Inaccurate Treatment**

Due to females being diagnosed at a significantly later age than males on average, it leaves time for women to receive inappropriate treatments, or not to receive treatments or supports which would help them [18]. Research has found that twice the number of adult females don’t have a diagnosis at all compared to males regardless of symptoms [4]. Part of the issue is that girls are not being referred for assessments due to their symptoms not being recognised by teachers or other individuals around them [19]. However, even when females are experiencing difficulties and are introduced into mental health settings, they are often not receiving the correct diagnoses. This can be incredibly frustrating for the individuals who feel misunderstood [20], with a lot of the females previously having diagnoses of social anxiety or psychotic disorders [8]. Research has suggested that when clinicians are only considering problems and symptoms presented misdiagnosis as other psychiatric disorders is common [21], with clinician’s lack of awareness about female presentations being a frequent issue [16]. This is a large issue as the importance of early diagnosis and intervention is critical, not only for the individual [22], but also for the family [23].

[18] Rutherford, M., McKenzie, K., Johnson, T., Catchpole, C., O’Hare, A., McClure, I.,…& Murray, A. (2016). Gender ratio in a clinical population sample, age of diagnosis and duration of assessment in children and adults with autism spectrum disorder. *Autism, 20*(5), 628-634.

[19] Whitlock, A., Fulton, K., Lai, M. C., Pellicano, E., Mandy, W. (2020). Recognition of girls on the autism spectrum by primary school educators: an experimental study. *Autism Research, 13*(8), 1358-1372.

[20] Bargiela, S., Steward, R., Mandy, W. (2016). The experiences of late-diagnosed women with autism spectrum conditions: An investigation of the female autism phenotype. *Journal of autism and developmental disorders, 46*(10), 3281-3294.

[21] Luciano, C. C., Keller, R., Politi, P., Aguglia, F., Magnano, F., Burti, L.,…& Berardi, D. (2014). Misdiagnosis of high function autism spectrum disorders in adults: an Italian case series. *Autism Open Access, 4*(131), 2.

[22] Rabbitte, K., Prendeville, P., Kinsella, W. (2017). Parents’ experiences of the diagnostic process for girls with autism spectrum disorder in Ireland: An Interpretative Phenomenological Analysis. *Educational and Child Psychology, 34*(2), 54-66.

[23} Webster, A. A., Garvis, S. (2017). The importance of critical life moments: An explorative study of successful women with autism spectrum disorder. *Autism, 21*(6), 670-677.

**Contributing Factors**

**Poor Understanding/Stereotypes**

Girls and women’s experiences of poor understanding of their difficulties repeatedly arises in research as a contributing factor to the issue. Stereotypes such as ‘girls tend to be less aggressive and intrusive’ and ‘tend to be more shy’ mean that autistic girls are not understood or identified as quickly as they would otherwise be [24]. Difficulties in gaining a diagnosis are, in part, related to a lack of understanding among professionals. However, many women report that even post-diagnosis they are disbelieved and poorly supported due to a more neurotypical presentation [16]. Families may struggle to come to terms with the diagnosis, with some not believing the women or feeling that they had personally done something wrong to cause the difficulties [25]. Siblings also develop an understanding of the difficulties at a delayed rate compared to the norms surrounding illness concepts [26], leading to children with ASD facing more bullying from their siblings than those without ASD [27].

Outside of the home, difficulties girls with ASD have in schools are further exacerbated by a lack of understanding from staff [28], with teacher’s attentions being more focused towards males with ASD [29]. Even amongst trained special needs coordinators research has found a lack of confidence in identifying and supporting girls with ASD [30]. This lack of understanding continues within peer groups. Pupils on the spectrum have on average fewer friends and are more likely to be the targets of bullying [31], leading to some individuals internalising the comments made about them. One account stated in relation to the relentless bullying regardless of location “the bullying is the same. Therefore, the only thing it can be is that something’s wrong with me.” [32]. For this reason, school refusal is significantly associated with bullying in those with ASD [33] and can have significant negative effects [34]. Women and girls are calling for a greater understanding of autism in females [25], with one individual stating in her account “I feel I live in a world that doesn’t understand me.” [35].

[24] Nichols, S., Marovcik, G. M., Tetenbaum, S. P. (2009). *Girls growing up on the autism spectrum: What parents and professionals should know about the pre-teen and teenage years.* Jessica Kingsley Publishers.

[25] Milner, V., McIntosh, H., Colvert, E., Happé, F. (2019). A qualitative exploration of the female experience of autism spectrum disorder (ASD). *Journal of autism and developmental disorders, 49*(6), 2389-2402.

[26] Glasberg, B. A. (2000). The development of siblings’ understanding of autism spectrum disorders. *Journal of autism and developmental disorders, 30*(2), 143-156.

[27] Toseeb, U., McChesney, G., Wolke, D. (2018). The prevalence and psychopathological correlates of sibling bullying in children with and without autism spectrum disorder. *Journal of autism and developmental disorders, 48*(7), 2308-2318.

[28] Jarman, B., Rayner, C. (2015). Asperger’s and girls: What teachers need to know. *Australasian Journal of Special Education, 39*(2), 128-142.

[29] Hiller, R. M., Young, R. L., Weber, N. (2014). Sex differences in autism spectrum disorder based on DSM-5 criteria: Evidence from clinician and teacher reporting. *Journal of Abnormal Child Psychology, 42*(8), 1381-1393.

[30] Gray, L., Bownas, E., Hicks, L., Hutcheson-Galbraith, E., Harrison, S. (2021). Towards a better understanding of girls on the Autism spectrum: educational support and parental perspectives. *Educational Psychology in Practice, 37*(1),1-20.

[31] Wainscot, J. J., Naylor, P., Sutcliffe, P., Tantam, D., Williams, J. V. (2008). Relationships with peers and use of the school environment of mainstream secondary school pupils with Asperger syndrome (high-functioning autism): A case-control study. *International Journal of Psychology and Psychological Therapy, 8*(1), 25-38.

[32] Mandavilli, A. (2015, October). The lost girls [Online]. Available at: <https://www.spectrumnews.org/features/deep-dive/the-lost-girls> (Accessed 15/03/21).

[33] Ochi, M., Kawabe, K., Ochi, S., Miyama, T., Horiuchi, F., Ueno, S. I. (2020). School refusal and bullying in children with autism spectrum disorder. *Child and adolescent psychiatry and mental health, 14,* 1-7.

[34] Bitsika, V., Sharpley, C. F. (2014). Understanding, experiences, and reactions to bullying experiences in boys with an autism spectrum disorder. *Journal of Developmental and Physical Disabilities, 26*(6), 747-761.

[35] Sharp, J. (n.d.). Stories from the Spectrum: Julie Sharp [Online]. Retrieved from: <https://www.autism.org.uk/advice-and-guidance/stories/stories-from-the-spectrum-julie-sharp> (Accessed 10/03/21).

**Inaccurate Diagnostic Criteria**

Although there are significant differences in the presentations between autistic males and females, diagnostic criteria consistently do not reflect this. Both genders are evaluated against the same criteria despite differences such as increased sensory symptoms and decreased socio-communication difficulties in females with ASD [36]. It is a possibility that these differences may be due to females’ improved ability to learn social and cultural expectations and appropriate behaviour compared to autistic males [38]. Some of these differences can be seen at a neural level, such as greater activation of the ventromedial prefrontal context in situations relating to self-representation in females with ASD [39]. The diagnostic criteria additionally doesn’t account for age group differences. Females are more likely to have more serious communicative and social impairments during adolescence as opposed to early years than males [40], potentially explaining later diagnosis.

It has been shown that females are required to face more difficulties than males to receive an autism diagnosis [41], making it even harder to receive the treatment they require. Existing diagnostic criteria are based on male populations. It is therefore unreasonable to diagnose females using this same criterion [42]. Interviews with autistic women have revealed that they are very aware of this issue [25]. Differences in girls is briefly mentioned on the NHS website but this is not reflected in practice or the diagnostic criteria [43].

[36] Lai, M. C., Lombardo, M. V., Pasco, G., Ruigrok, A. N., Wheelwright, S. J., Sadek, S. A., … &MRC AIMS Consortium. (2011). A behavioral comparison of male and female adults with high functioning autism spectrum conditions. *PloS one, 6*(6), e20835.

[37] Gould, J., Ashton-Smith, J. (2011). Missed diagnosis or misdiagnosis? Girls and women on the autism spectrum. *Good Autism Practice (GAP), 12*(1), 34-41.

[38] Kreiser, N. L., White, S. W. (2014). ASD in females: Are we overstating the gender difference in diagnosis? *Clinical Child and Family Psychology Review, 17*(1), 67-84.

[39] Lai, M. C., Lombardo, M. V., Chakrabarti, B., Ruigrok, A. N., Bullmore, E. T., Suckling, J., … & Baron-Cohen, S. (2019). Neural self-representation in autistic women and association with ‘compensatory camouflaging’. *Autism, 23*(5), 1210-1223.

[40] McLennan, J. D., Lord, C., Schopler, E. (1993). Sex differences in higher functioning people with autism. *Journal of autism and developmental disorders, 23*(2), 217-227.

[41] Duvekot, J., Van der Ende, J., Verhulst, F. C., Slappendel, G., Van Daalen, E., Maras, A., Greaves-Lord, K. (2017). Factors influencing the probability of a diagnosis of autism spectrum disorder in girls versus boys. *Autism, 21*(6), 646-658.

[42] Kirkovski, M., Enticott, P. G., Fitzgerald, P. B. (2013). A review of the role of female gender in autism spectrum disorders. *Journal of Autism and Developmental Disorders, 43*(11), 2584-2603.

[43] NHS (2019, April) Signs of autism in children. Retrieved from: <https://www.nhs.uk/conditions/autism/signs/children/>

**Solution Landscape**

The current solution landscape for improving services and diagnosis for females with autism is difficult to frame accurately, as although there have been definite strides forward, change is slow and not easily quantifiable. Therefore, more focus will be placed on potential future solutions in this report.

**Media**

Media is one of the predominant ways that awareness is spread in the modern world. Historically autism has been consistently misrepresented in the media. One of the most notable examples is the misinformation spread about the link between the MMR vaccine and autism, leading to many individuals not vaccinating their children [44]. Autistic individuals are now calling for change in the way that they are represented in the media. Elle McNicoll, an autistic woman and children’s author, states “I’m tired of books about autistic characters that don’t centre autistic people. Where they are made to feel like burdens.” [45]. Analysis from news coverage over a period of 15 years supports this, suggesting that journalists have created a threatening space for autism [46]. However, this may be beginning to change. Depictions of autism have experienced a decrease in presence of stigma cues such as suggestions that autism can be easily identified with physical appearance [47]. In addition to this, autism coverage in newspapers has been shown to be increasing [48]. Hermione Cameron states “I like to think things are changing, slowly but surely.” She goes on to list examples of recent autistic women we are beginning to see in the media, such as Anne Hegerty [1]. One of the most predominant female figures with autism in the media currently is Greta Thunberg, who has been praised for her education on both autism and climate change. [49]. Continuing to include more of these figures in the media is essential for good representation.

[44] Dobson, R. (2003). Media misled the public over the MMR vaccine, study says. *Bmj, 326*(7399), 1107.

[45] McNicoll, E. (n.d.). Stories from the Spectrum: Elle McNicoll [Online]. Retrieved from: <https://www.autism.org.uk/advice-and-guidance/stories/stories-from-the-spectrum-elle-mcnicoll> (Accessed: 20/03/21).

[46] Holton, A. E., Farrell, L. C., Fudge, J. L. (2014). A threatening space?: Stigmatization and framing of autism in the news. *Communication Studies, 65*(2), 189-207.

[47] Yu, N., Farrell, L. (2020). Autism in the media: A longitudinal study of stigma cues and framing of attribution. *Newspaper Research Journal, 41*(4), 489-505.

[48] McKeever, B. W. (2013). News framing of autism: Understanding media advocacy and the combating autism act. *Science Communication, 35*(2), 213-240.

[49] Birrell, I. (2019, April). *Greta Thunberg teaches us about autism as much as climate change.* The Guardian. <https://www.theguardian.com/commentisfree/2019/apr/23/greta-thunberg-autism>

**Education**

Improving education around issues surrounding females on the spectrum will help to improve support and quality of life for all ages. However, interviews with health, social care and education staff have found that previous training received has been brief at best [50]. Steps have begun to be taken to change this. For example, grants have been given to conduct more detailed research into the gender differences in autism in the hopes of getting a better understanding of how systems can be changed to benefit all individuals with ASD [32]. Scotland has introduced several measures. Following the Scottish Government’s Programme for Government commitment in September 2019, measures have been introduced alongside charities such as Scottish Autism and Autistic Led Training to promote greater understanding between professionals and parents, and to deliver a series of training webinars to improve good quality support and information to autistic individuals [51]. In England, the AET Schools Programme offers independent training and resources to professionals in education settings to improve their work with autistic individuals between ages 5-16 [52]. The introduction of these programmes will surely improve the quality of care for autistic individuals in multiple settings.

[50] Dillenburger, K., McKerr, L., Jordan, J. A., Keenan, M. (2016). Staff training in autism: The one-eyed wo/man… *International Journal of Environmental Research and Public Health, 13*(7), 716.

[51] Scottish Government. (2020). Autism national post diagnostic support: pilot project [Online]. Available at: <https://www.gov.scot/publications/autism-national-post-diagnostic-support-pilot/> (02/03/21).

[52] Autism Education Trust. (n.d.). AET Schools Programme [Online]. Available at: <https://www.autismeducationtrust.org.uk/training-programme/schools/> (01/03/21).

**Gaps and Levers of Change**

**Gap 1: Poor Understanding of the Issues that Autistic Females Face**

**Leads to stereotypes, poor care and support, and ignorance towards autistic individuals.**

**Levers of Change**

1. Increasing the presence of autistic girls and women in the media due to the large effect on public opinion. I found that autistic women consistently reported feeling badly represented in the media, suggesting it is an issue that needs to be focused on. There are multiple facets to this point:
   1. Accurate portrayals should be provided, preferably consulting autistic individuals and experts in the area in the creation of the media. Care should be taken to ensure that this depiction is not two-dimensional, as suggested by autistic individuals [53]. Focusing on amplifying autistic voices should be paramount, although the responsibly ultimately lies at the feet of the media sources to ensure that the depiction is as accurate as possible [54].
   2. There should be more inclusion of autistic females within books, specifically children’s books. Research has shown that this can teach children early on about autistic perspectives and about the core characteristics of autism. [55].
2. Improving the training of professionals working with autistic females. This is essential due to their amount of responsibility in care and support. This includes multiple job roles:
   1. Within education, e.g., teachers and SEN staff. Past research has shown that these individuals can struggle to identify and support autistic females, and so additional high-quality training would go a long way in improving overall quality of care [28] [30] [50]
   2. Within mental health services. Previous research has shown that professionals working within mental health services can find it difficult to know how to support individuals of different ages with autism, leading to gaps in support. Improving the quality of this training and ensuring that autism is given as much attention as other issues would greatly improve this. [13] [14]
3. Increasing funding to activist groups and organisations. By increasing training to activist groups it would allow them to run more awareness campaigns to professionals and the public, as well as provide more resources to support autistic individuals. A lot of charities currently rely on donations from the public. If there is a lack of awareness of the issue in general, it is likely that these groups will not receive as much funding as other issues that are more at the forefront of public thought. Governmental grants could assist with this.

[53] Caldasso, C. (2020, July). The invisible oppression of the autistic female [Online]. Available at: <https://www.peoplesworld.org/article/the-invisible-oppression-of-the-autistic-female/> (Accessed: 20/03/21).

[54] Prochnow, A. (2014). An analysis of autism through media representation. *ETC: a review of general semantics, 71*(2), 133-149.

[55] Azano, A. P., Tackett, M., Sigmon, M. (2017). Understanding the puzzle behind the pictures: A content analysis of children’s picture books about autism. *AERA Open, 3*(2).

**Gap 2: Poor Communication Between Different Parties Involved**

**Leads to changes to diagnostic criteria not being made, individuals not being referred to receive adequate help.**

**Levers of Change**

1. Increasing communication between activism groups, researchers and the World Health Organisation could work to change the ICD-10 diagnostic criteria to better reflect gender differences in autism. For example, the ADOS measure of autism has been shown to be more effective in diagnosing girls with autism [56]. Encouraging the WHO to include the findings of recent research more in the diagnostic criteria would greatly improve girl’s experiences of diagnosis.
   1. Part of this may be increasing funding to World Health Organisation from UK government.
2. Again, increasing the training of various professionals would make a large difference to how they are able to pass information between different services.
3. Creating more in-depth care plans for autistic individuals including various services. The UK currently allows education, health, and care plans for autistic individuals between the ages of 0-25 which centre around the SEND Code of Practice. However, in recent years this service has faced significant pay cuts, leading to 70% of individuals stating increasing difficulties in supporting the needs of children with care plans [57]. Prioritising funding for this and further developing it with the needs of autistic females is essential.

[56] Ratto, A. B., Kenworthy, L., Yerys, B. E., Bascom, J., Wieckowski, A. T., White, S. W., … Anthony, L. G. (2018). What about the girls? Sex-based differences in autistic traits and adaptive skills. *Journal of autism and developmental disorders, 48*(5), 1698-1711.

[57] NAHT (n.d.). Without sufficient funding SEN code of practice is nothing more than an empty promise, says school leaders [Online]. Available at: [https://www.naht.org.uk/news-and-opinion/press-room/without-sufficient-funding-sen-code-of-practice-is-nothing-more-than-an-empty-promise-say-school-leaders/#](https://www.naht.org.uk/news-and-opinion/press-room/without-sufficient-funding-sen-code-of-practice-is-nothing-more-than-an-empty-promise-say-school-leaders/) (Accessed: 02/03/21).

**Key Insights & Lessons Learned**

Through my engagement with this project, I have gained a lot of insights on the discrepancies between how the genders are diagnosed from a high level in terms of World Health Organisation’s definition of the ICD-10 criteria, to how at a service level girls are being turned away due to their more complex presentation. I have gained the insight that although autistic individuals and activist groups are pushing back against a system which is unjust and structured to discriminate against them, larger public change needs to happen to see any clear changes in quality of care and support for these individuals.

If I were to continue this project, I would focus more on how funding could be used within the government to ensure that change is being made to benefit autistic individuals of all ages. My system analysis can be used, however, to add to the conversation surrounding the issue.