TRANSCRIPT

Title Intro

Welcome to the Understanding Autism module, created for PGA Learn.

As you are well aware, PGA professionals engage with a wide range of people across the general population. Within the golf environment, we operate as central points of contact and influence. Our positions carry practical, organisational, and professional responsibility, including awareness of how participation conditions affect the individuals we work with.

Introduction

This learning module has emerged from research conducted within the PGA BSc top up programme and examined how Autistic adults perceive and experience golf participation. The enquiry explored participation from the perspective of lived experience and considered how environment, structure, and meaning shape engagement.

The findings were received positively and have since been published in a peer reviewed journal.

This module has three parts and presents the research in a structured format that progressively builds topical awareness.

Later modules that move into applied considerations will rely on this foundation.

1.1. Autism Prevalence and Recognition

Phrase 1: Diagnosis Origin, Psychological Framing, and Deficit Orientation

In earlier decades, Autism was classified within psychological and psychiatric disorder categories. When a condition is classified within psychiatric disorder systems, the professional task becomes identifying deviation from typical development. This classification determines what clinicians are trained to look for and how they interpret what they observe.

Autism was therefore viewed primarily through a medical and behavioural lens. The central task of assessment was to identify observable differences from expected developmental norms. Developmental norms are statistical averages describing how most children speak, communicate, and behave at certain ages. Diagnostic assessment compared a child's behaviour to those averages.

Clinicians were trained to observe delays in speech, differences in eye contact, reduced social reciprocity, or repetitive patterns of behaviour. Because assessment relied on observation, emphasis was placed on outward presentation. The diagnostic process focused on what could be seen, measured, and documented during structured interaction.

When criteria focus on observable deviation, the language used in diagnostic manuals naturally reflects deficit orientation. Autism was described as a set of social and communicative deficits accompanied by restricted behaviours. The structure of the criteria directed attention toward what appeared reduced or divergent relative to the norm, rather than toward underlying neurological organisation.

Referral pathways also followed this structure. Teachers and parents typically initiated referrals based on visible behaviours. Children whose Autistic traits appeared overtly and consistently were more likely to be assessed. This pattern aligned most closely with male patterned external presentation. Individuals whose traits were expressed through internal regulation, social imitation, or quieter adaptation were less likely to trigger referral.

Recorded prevalence figures from earlier decades therefore reflect the limits of the diagnostic model in use at that time. They represent how Autism was defined and recognised within that system, rather than the full distribution of Autistic neurology within the population.

Phrase 2: Neurodevelopmental Redefinition and Expanded Understanding

Over the last two decades, research in neuroscience, developmental psychology, and cognitive science has reshaped how Autism is classified. The framing shifted from a primarily psychological disorder toward a neurodevelopmental condition.

A neurodevelopmental condition refers to differences in how the brain develops and organises itself from early childhood onward. This definition changes the interpretive starting point. Instead of viewing behaviours as isolated symptoms, it situates them within patterns of neurological organisation that influence sensory processing, attention, regulation, communication, and cognitive style.

This reclassification matters because definition guides assessment. When Autism is defined developmentally, clinicians examine lifelong patterns rather than isolated behaviours. The focus expands from visible traits to underlying processing differences.

With the publication of DSM 5, previously separate diagnostic categories were consolidated under the term Autism Spectrum Disorder, or Autism Spectrum Condition. Consolidation reflected recognition that Autism represents a range of presentations sharing developmental foundations. The spectrum model describes variation in expression across individuals rather than a single narrow profile.

Diagnostic criteria expanded accordingly. Assessment began to consider language profiles, sensory experience, cognitive processing style, and social engagement patterns in addition to behaviour. As criteria broadened, individuals whose traits had previously remained outside the earlier diagnostic frame began to be recognised more accurately.

Recognition broadened because definition broadened. When criteria change, identification patterns change. Contemporary prevalence figures therefore reflect expanded understanding alongside expanded access.

Phrase 3: Contemporary Prevalence and Expanding Recognition

Contemporary prevalence figures in the United Kingdom are approaching three percent of the population. Earlier conservative estimates over the previous decade commonly cited one to two percent. These figures continue to evolve as diagnostic access and awareness improve.

Prevalence measures identified cases within systems. When awareness increases, more individuals seek assessment. When criteria broaden, more individuals meet diagnostic thresholds. When service capacity changes, more individuals enter official statistics. Prevalence therefore reflects recognition systems in operation.

Many Autistic individuals reached adulthood without formal identification under earlier models. In particular, women and girls were frequently overlooked because their Autistic traits were often expressed through internal regulation, social camouflage, or adaptive imitation rather than overt behavioural divergence.

Recent research has documented female presentation more clearly. Social imitation strategies, masking behaviours, and relational adaptation patterns are now examined explicitly within clinical assessment. As these patterns become recognised within training and diagnostic tools, identification rates adjust accordingly.

Diagnostic waiting lists currently include hundreds of thousands of individuals seeking assessment. Waiting lists indicate demand for recognition. They also demonstrate that recorded prevalence reflects assessment capacity as well as underlying neurological distribution.

Population based estimates suggest that Autistic traits may exist in up to ten percent of the population, while broader neurodiversity may encompass approximately twenty percent. These estimates remain under active research. They reflect attempts to model distribution beyond formal diagnosis counts.

Prevalence figures therefore represent evolving recognition within systems. They signal expanding understanding and expanded identification pathways rather than sudden emergence of Autism.

1.2. Legislative Recognition and Anticipatory Responsibility

Phrase 01: Legal Recognition of Autism in the United Kingdom

Autism is formally recognised in UK law through two primary legislative frameworks: the Autism Act 2009 and the Equality Act 2010. Each serves a distinct function within public life.

The Autism Act 2009 is a piece of legislation that places a duty on the government to develop and maintain a national strategy for improving services and outcomes for Autistic people. It requires coordination across health, education, and social care systems. The Act establishes Autism as a condition requiring structured policy attention rather than informal awareness.

The Equality Act 2010 operates differently. It consolidates previous discrimination legislation into a single framework. Under this Act, Autism falls within the protected characteristic of disability. When a condition is recognised under disability law, organisations that provide services, employment, or education carry specific legal responsibilities.

Service providers include sports organisations, golf clubs, and coaching professionals. This means that within the golf environment, Autism sits inside a legal framework of operational responsibility rather than a voluntary inclusion initiative.

Legal recognition therefore does two things. It establishes Autism as a matter of public policy through the Autism Act, and it establishes practical duties for organisations through the Equality Act.

Phrase 02: The Anticipatory Duty to Make Reasonable Adjustments

The Equality Act introduces the duty to make reasonable adjustments. This duty applies when a disabled person would otherwise experience substantial disadvantage compared to nondisabled peers.

Substantial disadvantage refers to a meaningful barrier that makes participation significantly more difficult. The barrier does not need to be intentional. It can arise from how a policy, practice, or environment is organised.

The duty operates on an anticipatory basis. Anticipatory means that organisations are expected to think ahead about how their practices may affect disabled people. The responsibility exists even before a specific complaint is made.

Section 19 of the Equality Act addresses indirect discrimination. Indirect discrimination occurs when a rule applies to everyone equally but creates disadvantage for a particular group because it assumes a single way of communicating, processing information, or regulating behaviour.

Section 20 defines the duty to make reasonable adjustments. It outlines three areas where adjustments may apply: changes to policies or practices, changes to physical features, and provision of auxiliary aids or support.

When read together, these sections clarify that disadvantage often arises through environmental organisation. The legal framework therefore directs responsibility toward those who design and operate the environment.

Phrase 03: Operational Meaning in the Golf Environment

Within golf, anticipatory responsibility does not require predicting every possible individual need in advance. It requires maintaining openness and structural flexibility once relevant information is present.

When a player identifies as Autistic, whether formally diagnosed or self identifying, the professional response involves exploring how the coaching or playing environment can be adjusted to support participation.

Adjustments may involve pacing of instruction, clarity of communication, environmental factors such as noise or sensory load, or lesson structure. The specific examples are addressed in later modules. At this stage, the focus remains on understanding responsibility.

The key principle is that responsibility for enabling participation sits with the service provider once Autism is known or reasonably anticipated. This aligns professional practice with legislative intention and establishes a consistent ethical and operational foundation for coaching.

1.3. Population Outcomes as Inclusion Indicators

Phrase 01: What Inclusion Indicators Mean

The previous slide explained that Autism is recognised in UK law and that organisations carry responsibility to make reasonable adjustments. One way to understand how effectively that responsibility is functioning is to look at measurable life outcomes across the population.

An inclusion indicator is a measurable life outcome that shows how people are participating in everyday systems such as work, healthcare, and community life. These indicators are not abstract concepts. They are recorded statistics that show how many people are in employment, how many people are receiving mental health support, and how long people are living on average.

The figures presented in this section are drawn from government reports, NHS data, parliamentary review material, and peer reviewed research. They establish measurable national context rather than personal interpretation.

When we examine these indicators for Autistic adults, we are examining how participation is functioning across large scale systems under current conditions.

Phrase 02: Employment and Mental Health

Employment rate means the proportion of working age adults who are in paid work. In the United Kingdom, approximately four out of five working age adults are in employment. Among Autistic adults, recorded employment rates are commonly closer to one in four or one in three.

This statistic reflects participation within current recruitment processes, interview expectations, workplace environments, communication norms, and performance structures. It shows how many individuals are able to access and sustain employment within those systems as they are presently organised.

Mental health prevalence refers to the proportion of individuals who receive a diagnosis of conditions such as anxiety or depression, or who access mental health services. Research consistently shows higher recorded rates of anxiety and depression among Autistic adults compared to the wider population.

These figures reflect documented experiences within healthcare systems. They provide measurable information about psychological strain and wellbeing patterns across adulthood.

Phrase 03: Life expectancy and legislative responsibility

Life expectancy refers to the average length of life within a defined population group. Large population studies have identified reduced average life expectancy among Autistic people, including those without intellectual disability. In many cases, recorded causes of early mortality include suicide and untreated mental health conditions.

Parliamentary review, including House of Lords inquiry work on Autism, has examined employment, mental health, and life expectancy data together. These domains are discussed as indicators of how effectively legal recognition translates into lived participation across public systems.

When read alongside the anticipatory duty to make reasonable adjustments described in Slide 02, these outcome indicators provide a measurable way of observing how responsibilities operate in practice.

At this stage of the module, these outcome domains establish national context. The next section examines why recorded prevalence continues to change over time.

1.4. Changing Prevalence Through Misdiagnosis and Non-Diagnosis

Phrase 01: Why prevalence increases when recognition changes

Prevalence means the proportion of the population that has been formally identified as Autistic. When prevalence rises, there are two possible explanations. Either more people are becoming Autistic, or more people are being recognised as Autistic.

Autism is defined as a neurodevelopmental condition. That means it originates in early brain development. Because it is developmental, it does not suddenly emerge in adulthood. When prevalence figures increase, the change reflects recognition patterns rather than new onset.

In public discussion, rising prevalence is sometimes interpreted as over identification. The developmental definition described earlier helps clarify why increased recognition follows broadened criteria and improved awareness rather than sudden change in human neurology.

Earlier diagnostic systems were narrow. They focused heavily on visible behaviours such as eye contact differences, speech delay, or overt repetitive behaviour. When diagnostic criteria focus on visible traits, only those whose traits appear clearly in outward behaviour are likely to be referred for assessment.

Individuals whose traits present through internal regulation, strong verbal compensation, or socially learned imitation may not trigger referral. This creates non diagnosis. Over time, when criteria broaden and professional training improves, those previously missed individuals begin to enter the diagnostic pathway. Prevalence then increases because recognition expands.

Phrase 02: How diagnosis connects to support and why backlog grows

A formal Autism diagnosis in the United Kingdom provides access to structured support systems. In education, diagnosis can activate SEND pathways. SEND stands for Special Educational Needs and Disabilities. It enables structured adjustments such as tailored learning strategies, classroom support, modified assessment conditions, and environmental changes.

These support structures influence daily educational engagement. When structured support is available early, educational participation stabilises. Stabilised engagement influences later academic progression, employment opportunity, and long term wellbeing outcomes.

In higher education, Disabled Students' Allowance provides a similar function. It allows a student to receive a personal adjustment plan. That plan specifies how lectures, assessments, deadlines, and communication formats may be adapted. The plan is reviewed and updated as study demands change across modules and assessment formats.

Because diagnosis unlocks practical support, families and adults actively seek assessment. As awareness grows, referral rates increase. When demand increases faster than assessment capacity, waiting lists lengthen. Backlog builds. Recorded prevalence then rises gradually as individuals move through the system over time.

Phrase 03: Adult recognition and self identification as a transitional stage

Many adults were not assessed in childhood because diagnostic models at the time did not recognise their presentation. As understanding broadens, adults often review their developmental history in light of updated criteria.

Self identification frequently appears at this stage. Self identification means an individual recognises that their lifelong patterns align with established autism descriptions, even before formal assessment has occurred. It typically follows sustained reflection and comparison of childhood and adult experiences within published criteria.

Self identification often precedes formal diagnosis because waiting lists are long and access pathways are limited. It reflects recognition of continuity across the lifespan rather than emergence of new traits.

When self identification increases and assessment pathways expand, recorded prevalence continues to rise. The rise reflects delayed recognition entering official statistics.

The purpose of this slide within the module was to explain why prevalence figures evolve over time. Increasing prevalence signals expanded recognition within systems, not sudden change in human neurology.

1.5. The Move Toward Person Centred and Developmentally Informed Understanding

Phrase 01: The Move Toward Person Centred Understanding

Person centred understanding means that Autism is interpreted through the individual's developmental profile rather than through a generalised category. A developmental profile refers to consistent patterns in how a person processes sensory input, organises information, communicates, and regulates stress across situations.

Developmental patterns influence how environments are experienced. For example, sensory processing patterns determine how strongly sound, light, movement, or proximity are perceived. Information processing patterns influence how quickly verbal instruction is understood and integrated. Regulation patterns determine how rapidly cognitive load accumulates and how long recovery requires after demand.

When these patterns are considered together, they explain why the same environment may be experienced differently by different individuals. An environment that appears calm externally may still produce internal overload if sensory variation is high or expectations are unclear. An environment that appears structured externally may still create strain if pacing is inflexible.

Person centred understanding therefore requires examining how environmental features interact with developmental organisation. Participation becomes a function of that interaction rather than a function of visible behaviour alone.

This approach establishes the basis for the research project. The study examines how Autistic adults interpreted golf as an environment. Their accounts described how its structured, pacing, sensory conditions, and social organisation interacted with their developmental profiles. Those descriptions provided evidence about participation conditions.

Phrase 02: Policy Recognition and Implementation Gap

Policy recognition refers to formal acknowledgment within legislation and government strategy. In the United Kingdom, Autism is recognised through national strategy documents, equality legislation, and public service frameworks. These documents define duties, outline responsibilities, and state what should happen across health, education, employment, and community life.

Implementation refers to how those duties operate in everyday systems. Implementation can be observed in practical outcomes such as access to assessment, access to support, employment opportunity, communication clarity within services, and waiting times. Recognition exists as written commitment. Implementation exists as observable practice.

A gap appears when written recognition does not consistently result in practical access or adjustment. For example, the Equality Act establishes an anticipatory duty to make reasonable adjustments. That duty means organisations must think ahead about barriers and remove them where reasonable. If individuals continue to experience difficulty accessing services, difficulty sustaining employment, or long delays in receiving assessment, this indicates that the duty is not being applied consistently in practice.

The gap can be understood step by step.

Legislation defines responsibility. Institutions interpret that responsibility. Staff apply that interpretation within real environments.

If interpretation is narrow or inconsistent, barriers remain even though policy exists.

Population outcomes make this visible. Employment statistics, mental health data, and life expectancy figures provide measurable evidence about how systems are functioning overall. If these indicators remain poor across time, they signal that formal recognition has not yet translated into stable participation conditions across institutions.

This context matters for sport because sport organisations operate within the same legal and social framework. Policy awareness alone does not produce participation. Participation depends on how environments are structured, how responsibilities are interpreted, and how adjustments are applied in practice. Recognition establishes obligation. Implementation determines experience.

Phrase 03: How This Appears in Sport

Sport operates within the same legal and policy landscape described earlier. Equality legislation applies to sports organisations, clubs, and coaching professionals in the same way it applies to other service providers. This establishes formal responsibility.

In practice, inclusion in sport depends on how environments are organised. Sport settings are structured through rules, pacing expectations, communication styles, competition formats, social rituals, and entry procedures. These elements shape how participation unfolds in real time.

Accessibility measures may provide entry. For example, a club may allow open membership or state that Autistic participants are welcome. Awareness initiatives may increase understanding among staff. However, if lesson pacing remains fixed, instructions remain rapid and verbally dense, social expectations remain implicit, or sensory conditions remain unmanaged, the underlying participation design does not change.

When the participation design does not change, developmental patterns continue to interact with the environment in the same way. Sensory overload may still accumulate. Unclear expectations may still increase cognitive demand. Social opacity may still create uncertainty. Participation remains technically available but practically difficult to sustain.

Inclusion outcomes therefore depend on effective organisation. Awareness identifies responsibility. Accessibility permits entry. Effective adjustment therefore determines whether participation is stable, manageable, and repeatable over time.

This mechanism provides the bridge to the research project. The study examined how Autistic adults described the interaction between golf's environment and their developmental profiles in order to understand how participation conditions operate in practice.

1.6. Progress and Recap

Phrase 01: Evolving Organisation and Classification in Sport

Where sports have begun responding to Autism, early adjustments often focus on how participation is organised. Session timing, sequencing, environmental predictability, and communication structure are considered because participation experience is shaped by regulation demands. These organisational adjustments reflect a growing understanding that engagement depends on how environments are arranged rather than requiring the individual to adapt.

At international level, Autism participation classification within the International Olympic Committee has historically been aligned with intellectual disability categories. This alignment has reflected earlier, deficit-oriented models. Recent developments within the International Olympic Committee have moved towards recognising Autism as distinct from intellectual disability, with exploratory categories trialled to reflect this separation.

These developments mirror the broader movement toward person centred developmental understanding of Autism. This recognises Autism as a distinct neurological organisation expressed through individualised regulatory profiles. Understanding this is necessary before environmental design can be meaningfully adapted.

Part 2 therefore examines what the Autism spectrum represents, how regulation functions within it, and why environment and experience are interconnected in Autism participation contexts.

Phrase 02: Recap

Part 01 has established why Autism matters within sport at this moment in time. We have examined how historical diagnosis shaped recorded prevalence, and how updated developmental understanding has expanded recognition across age and gender. Prevalence figures reflect changes in recognition rather than sudden emergence.

We have clarified the legislative position in the United Kingdom, including the anticipatory duty to make reasonable adjustments, and the organisational responsibility that follows from that duty. Responsibility for participation conditions sits within how environments are arranged.

We have reviewed population outcomes as inclusion indicators. Employment participation, mental health patterns, and life expectancy data illustrate how organisational design and regulatory demand influence lived experience.

We have considered how changing diagnostic access, waiting list backlog, and adult recognition affect contemporary prevalence, and how person-centred developmental understanding reframes Autism as neurological organisation rather than deficit.

Finally, we have observed that sport governance and international classification systems are evolving. Environmental organisation and participation categories are being reconsidered in light of updated understanding.

The next section will examine what the Autism spectrum represents at experiential level. Part 02 therefore explores regulation, spectrum variability, and why environment and nervous system interaction sit at the centre of the Autistic participation experience.