Prevalence of Autism (including Asperger Syndrome) in School Age Children in Northern Ireland

Annual Report 2026

Accessible version

Published 14 May 2026

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READER INFORMATION

Accessible version	This is an accessible version of the publication “Prevalence of Autism (including Aspergers syndrome). Annual report 2026”. Please note that some of the Appendices have been removed from this version, namely the Deprivation Maps and the additional social gradient analysis. These can be supplied on request.
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Target Audience	Social Services Directors, Directors of Children’s Services, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics and social care stakeholders.
Purpose	Data from this publication is used to: • Monitor the delivery of related social care services to children; • Inform and monitor related policy; • Respond to parliamentary/assembly questions. • The bulletin is also used by academics/ researchers, the voluntary sector, and those with an interest in the Autism Strategy and Action Plan.
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User Feedback	We welcome feedback, if you have any comments on this publication, please contact the Community Information Branch: cib@health-ni.gov.uk .
Price	Free.

THE PRODUCER OF THESE STATISTICS

Information Analysis Directorate

Statistics and research for the **Department of Health** is provided by the Information and Analysis Directorate (IAD). IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

Community Information Branch

The purpose of Community Information Branch (CIB) is to promote effective decision making in children and adult social services and community health by providing quality information and analysis.

We collect, analyse and publish a wide range of community information that is used to help monitor the delivery of personal social services policy. Information collected by CIB is used to assess HSC Trust performance, for corporate monitoring, policy evaluation, and to respond to parliamentary/assembly questions.

Information is widely disseminated through a number of regular key statistical publications and ad hoc reports, details of which are available online.

https://www.health-ni.gov.uk/topics/doh-statistics-and-research

Our Vision and Values

- Provide up-to-date, quality information on children and adult social services and community health;
- To disseminate findings widely with a view to stimulating debate, promoting effective decision-making and improvement in service provision; and
- Be an expert voice on health and social care information.

We gratefully acknowledge the assistance of colleagues working within the Department of Education (NI), Demographic Statistics Branch (NISRA), and Public Health Information and Research Branch (Department of Health) in producing this publication.

BACKGROUND

Autism Spectrum Conditions

Autism is a developmental disability that influences a person's ability to communicate and relate to other people, as well as affecting how they make sense of the world[1]. It is a spectrum condition, meaning that while all people with autism will have similar problems, overall their condition will impact them in different ways. Some people may be able to lead independent lives while others will require a lifetime of specialist support.

The need to develop and improve health and social care services for people of all ages who are affected by autism has been apparent for some time. In order to provide effective services, knowing the incidence and prevalence of this condition is clearly important.

Incidence of Autism in Northern Ireland

The introduction of the Autism Act (Northern Ireland) 2011, and the accompanying increase in awareness via campaigns and events, may well have contributed to a rise in the number of assessments carried out and positive diagnoses received.

Since 2014, the Strategic Planning and Performance Group (SPPG – previously named the Health and Social Care Board) have in place a routine monitoring process which identifies those children who have undergone an assessment for autism and those who have received a positive diagnosis. These figures show the incidence of autism and are reported quarterly by the Department and can be found at the following link: Autism Statistics.

Prevalence of Autism in Northern Ireland

This report aims to show the prevalence of autism amongst children of compulsory school age (4–15 years old at the start of the school year).The information presented derives from the 'Northern Ireland School Census' collected by the Department for Education (NI). The figures used to identify pupils with a diagnosis of autism are taken from the electronic Medical register. Children with autism are identified using the ICD11 diagnosis coding which in earlier years (ICD10) may include those previously diagnosed with Asperger syndrome.

Asperger syndrome was an historical diagnostic term used for some autistic people who did not also have a diagnosis of a learning disability. However, the diagnosis of Asperger Syndrome has been removed from the 2013 Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), and the International Classification of Diseases (ICD11) in 2019. This diagnosis now falls under the broader category of 'autism spectrum disorder'.

[1] A diagnosis of autism in this publication may include those previously diagnosed with Asperger syndrome.

Historically, children with autism were recorded within the special educational needs (SEN) register. This means that figures from 2018/19 and earlier are not directly comparable with current years. To illustrate this, in graphs that include previous years data, a red line has been added to distinguish between figures before and after this change.

KEY FINDINGS

- The estimated prevalence of autism within the school aged population (pupils aged 4-15 years at the start of the school year) in Northern Ireland was 6.2% in 2025/26.
- There was a marked difference in the prevalence rates of autism between males and females, with males approximately 2.3 times more likely to be identified with autism than females.
- The Northern Ireland urban population has a statistically significant higher prevalence rate of autism than the rural population.
- Using the NI Multiple Deprivation Measure (MDM) ranking, in 2025/26 the rate of autism in the most deprived MDM decile was over 38% higher than the Northern Ireland average.
- In 2025/26, 19% of children diagnosed with autism did not have any Special Educational Needs (SEN), and 65% were classified at Stage 3 of the SEN Assessment, indicating they had a Statement of SEN.

OVERALL AUTISM PREVALENCE IN SCHOOL AGED CHILDREN 2025/26

Figures extracted from the 2025/26 Northern Ireland School Census show that **18,472 school aged children had been diagnosed with autism**. This represents an estimated **autism prevalence rate of 6.2% within the school aged population**. This was 0.3 percentage points higher than in 2024/25. **It should be noted that the recent increase in prevalence may also be partly driven by the decrease in the overall school population (see Appendix C).**

Due to a change in the way the school census collects autism data[2], the figures from 2019/20 onwards are not directly comparable to previous years. However, the general increasing prevalence rate among school aged children over recent years is mirrored by the increasing number of children (all ages) diagnosed with autism, recorded by the Health and Social Care Trusts.

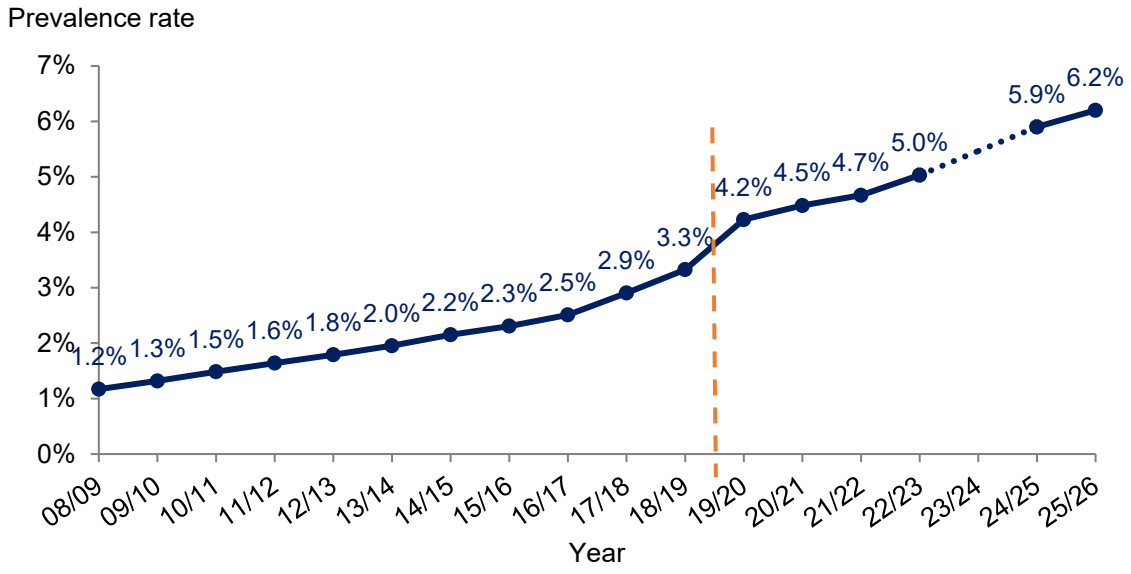
The historic annual increase in prevalence of children with autism since 2008/09 has been observed against a background of a relatively static school population. Please see Appendix C for further details.

Figure 1. Autism Prevalence in School Aged Children (2008/09-2025/26)

Source: Northern Ireland School Census.

Note 1: Due to a change in the data collection, the years up to and including 2018/19 are not directly comparable with 2019/20 figures onwards.

Note 2: Please note that figures for 2023/24 are not available due to action short of strike.



[2] Please see Appendix A for further details.

PREVALENCE OF AUTISM BY SEX

In the information derived from the 2025/26 Northern Ireland School Census, **8.6% of males were identified with autism compared with 3.7% of females**. This ratio is similar to that reported by the National Autistic Society (NAS) who have stated the most recent estimate for male-to-female autism ratio is nearer to 3:1[3].

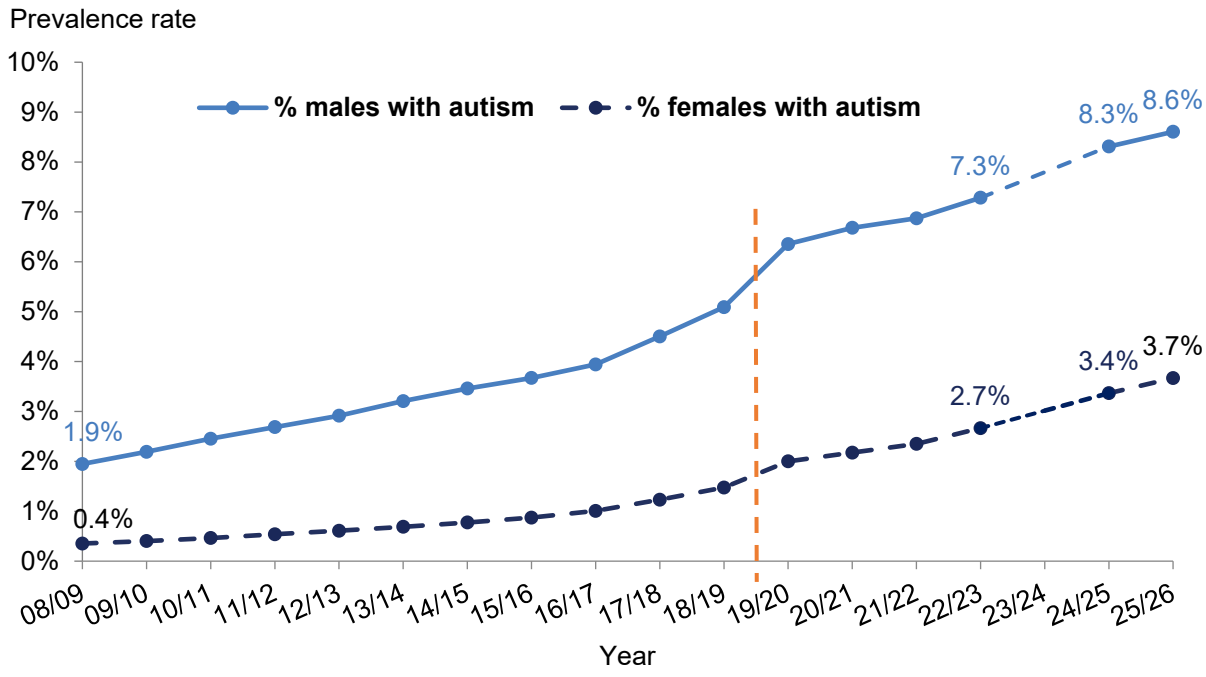
The figures for 2019/20 and onwards are not directly comparable to previous years; however, the prevalence rate has been consistently higher for males than females both before and after 2019/20. Furthermore, it has increased for both males and females with the gender gap inflating over the years.

Figure 2. Autism Prevalence in School Aged Children by Sex (2008/09-2025/26)

Source: Northern Ireland School Census.

Note 1: Due to a change in the data collection, the years up to and including 2018/19 are not directly comparable with 2019/20 figures onwards.

Note 2: Please note that figures for 2023/24 are not available due to action short of strike.



[3] National Autistic Society, "Autism and gender identity".

PREVALENCE OF AUTISM BY SCHOOL YEAR

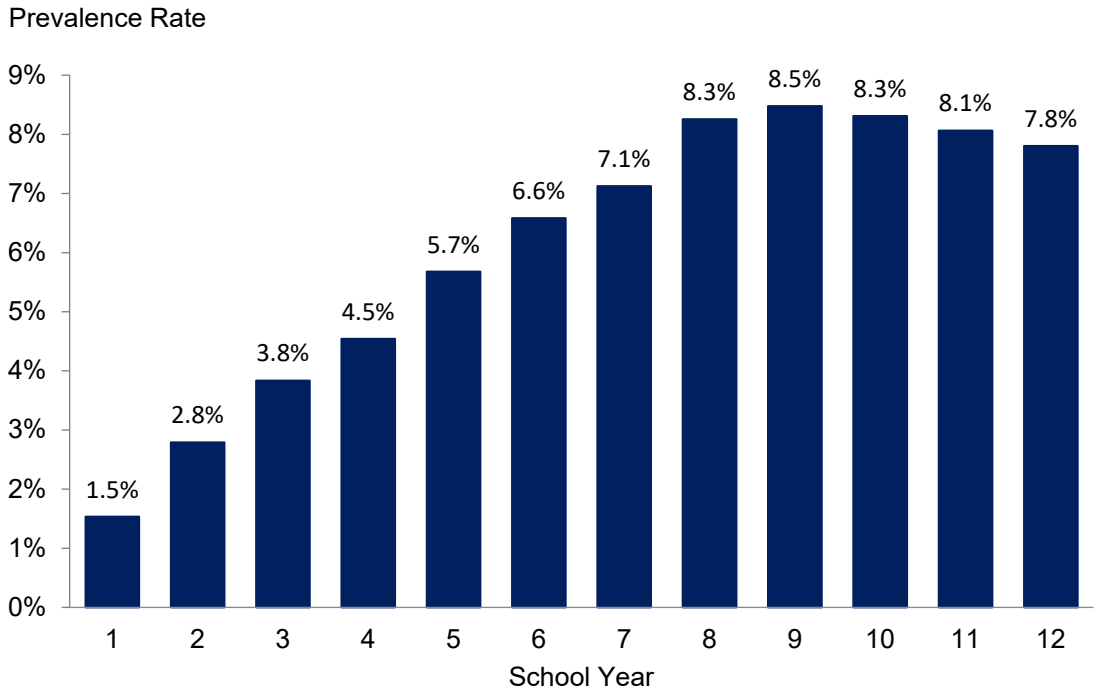
In 2025/26, the highest prevalence rate recorded was 8.5% for those in Year 9 (children aged 12-13), followed by 8.3% for those in Year 8 or Year 10 (children aged 11-12 or 13-14), and the lowest was 1.5% for those in Primary 1 (children aged 4-5).

Generally, there is a steady rise in the prevalence rate of autism from Primary 1 up to Year 8 (4-12 years old) in 2025/26. This has also been seen in previous years and may link in with children being diagnosed with autism during their early school years.

Figure 3. Autism Prevalence by School year (2025/26)

Source: Northern Ireland School Census.

Note: Figures include all pupils in primary (including nursery, reception, and Primary 1-7 classes), post primary, and special schools.



SPECIAL EDUCATIONAL NEEDS STAGE OF CHILDREN WITH AUTISM

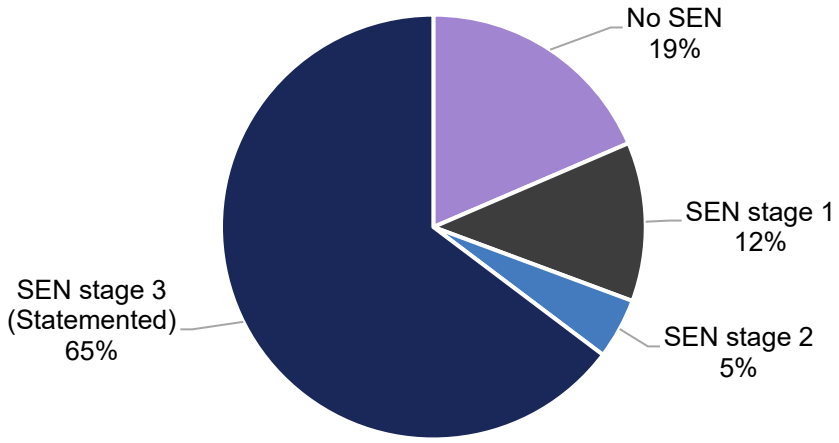
Special Educational Needs (SEN) is a stage approach to the identification of children with learning difficulties, the assessment of their educational need and the making of any special educational provision necessary to meet those needs. The previous five stage approach was in 2021 replaced by a three stage approach[4], where stage 1 is school delivered special provision, stage 2 is school and external provision and stage 3 represents a Statement of SEN[5].

Of all children diagnosed with autism in 2025/26, 19% were identified as not having any special educational needs. This rate remained unchanged to the proportion recorded in 2024/25. Almost two-thirds of the children diagnosed with autism (65%) had a Statement of Special Educational Needs (SEN stage 3), whilst under a fifth (17%) were in either SEN stage 1 or 2. Please note that, as the SEN process is dynamic, with children moving between stages, the SEN stages must be treated as a 'snapshot' at the time of the NI School Census.

Figure 4. Children diagnosed with autism, who also have Special Educational Needs (SEN), by SEN stage (2025/26)[6]

Source: Northern Ireland School Census.

Note: Figures include all pupils in primary (including nursery, reception, and Primary 1-7 classes), post primary, and special schools.



[4] DE Circular 2021/06 - Three Stages of Special Educational Provision.
[5] The stages of the SEN process are detailed in Appendix B.
[6] Please note, percentages have been rounded and as a consequence some percentages may not sum to 100.

PREVALENCE OF AUTISM BY HEALTH AND SOCIAL CARE TRUST

During 2025/26, the **highest autism prevalence rate was observed in the Belfast HSC Trust, at 8.4%**, and the **lowest in the Southern HSC Trust, at 4.3%**. The Belfast and Northern HSC Trusts had a prevalence rate higher than the Northern Ireland average of 6.2%. The South Eastern, Southern, and Western HSC Trusts were below this average.

The prevalence rate of autism has risen in all Trusts in recent years; however, the gaps between the Trust rates have recently decreased.

Please see Appendix C for the number of school aged children with autism in each Trust.

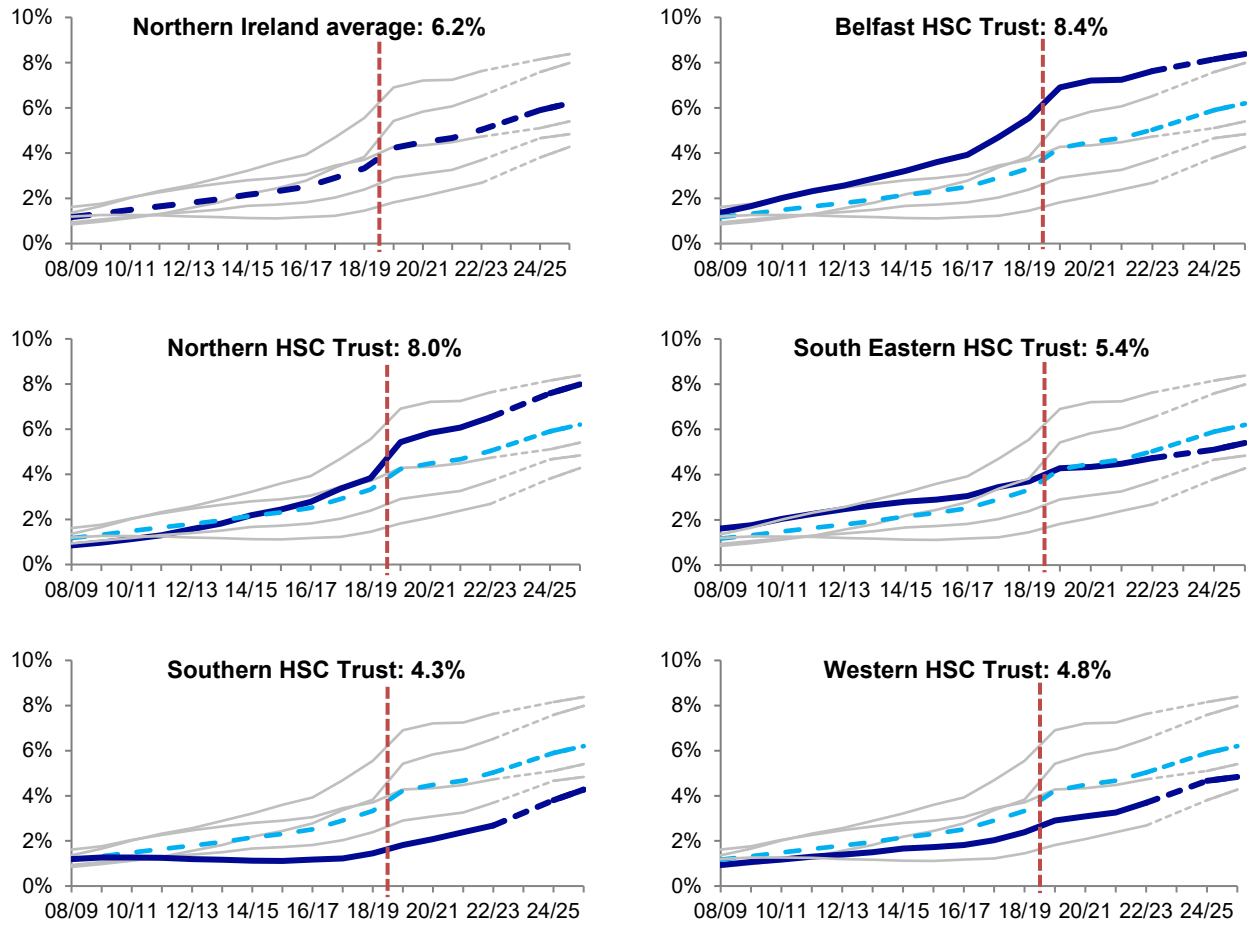
Figure 5. Autism Prevalence in School Aged Children by Health and Social Care Trusts (2008/09-2025/26)

Source: Northern Ireland School Census.

Note 1: Due to a change in the data collection, the years up to and including 2018/19 are not directly comparable with 2019/20 figures onwards.

Note 2: Figures relate to children in Primary 1 to Year 12 in grant-aided primary, post-primary, and special schools.

Note 3: Please note that figures for 2023/24 are not available due to action short of strike.



PREVALENCE OF AUTISM BY URBAN/RURAL LOCATION

Generally, the autism prevalence rate was almost 1.6 times higher in the urban population than in the rural population in 2025/26. The difference in **the proportion of children identified with autism in urban and rural areas at a regional level was statistically significant**. This means that it is unlikely that the difference has occurred by chance alone.

In 2025/26, the HSC Trust with the largest difference in autism prevalence rates between the urban and rural populations was the Belfast HSC Trust (4.9 percentage points), followed by the Northern HSC Trust (3.4 percentage points). It is worth noting that Belfast HSC Trust has the highest overall prevalence rate and is almost exclusively urban which has a large impact upon the Northern Ireland figure. Generally, in the other HSC Trusts, there was a more even split between the autism prevalence rate in the urban and rural populations.

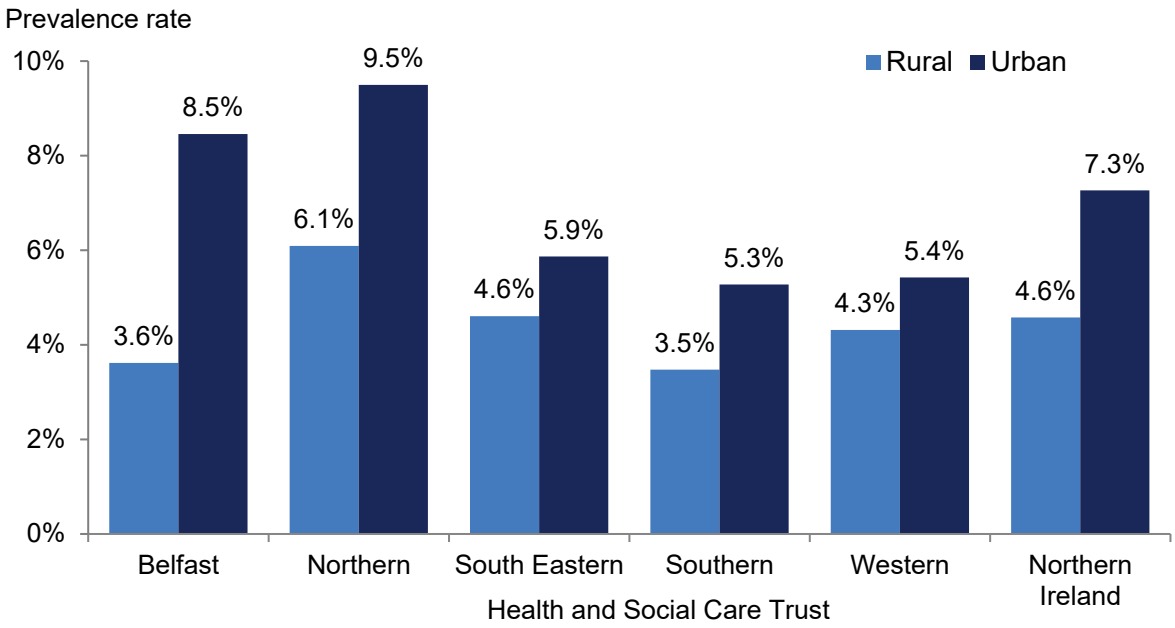
The difference in prevalence rate between urban and rural areas was statistically significant during 2025/26 for all HSC Trusts[7].

Figure 6. Autism Prevalence by Urban / Rural Location and by Health and Social Care (HSC) Trust (2025/26)

Source: Northern Ireland School Census.

Note 1: The Belfast HSC Trust area covers a very small proportion of locations classified as rural; therefore, this figure should be treated with caution.

Note 2: Figures relate to children in Primary 1 to Year 12 in grant-aided primary, post-primary and special schools.



[7] Appendix D shows the statistical significance trends for each HSC Trust.

PREVALENCE OF AUTISM BY AREA DEPRIVATION

During 2025/26, about **14% of school aged children diagnosed with autism were from the most deprived Multiple Deprivation Measure (MDM) decile in Northern Ireland**[8], while almost 6.6% of children identified with autism were located in the least deprived decile of the country. Maps showing the most and least deprived deciles of Northern Ireland can be found from Appendix E.

A statistically significant relationship has been found between **the proportion of children identified with autism and MDM Decile.** This suggests that the difference is unlikely to have occurred by chance alone.

The autism prevalence rate was higher than the Northern Ireland average (6.2%) for the three most deprived deciles (8.6%, 8.1% and 6.6%, respectively). All other deciles were below the country average.

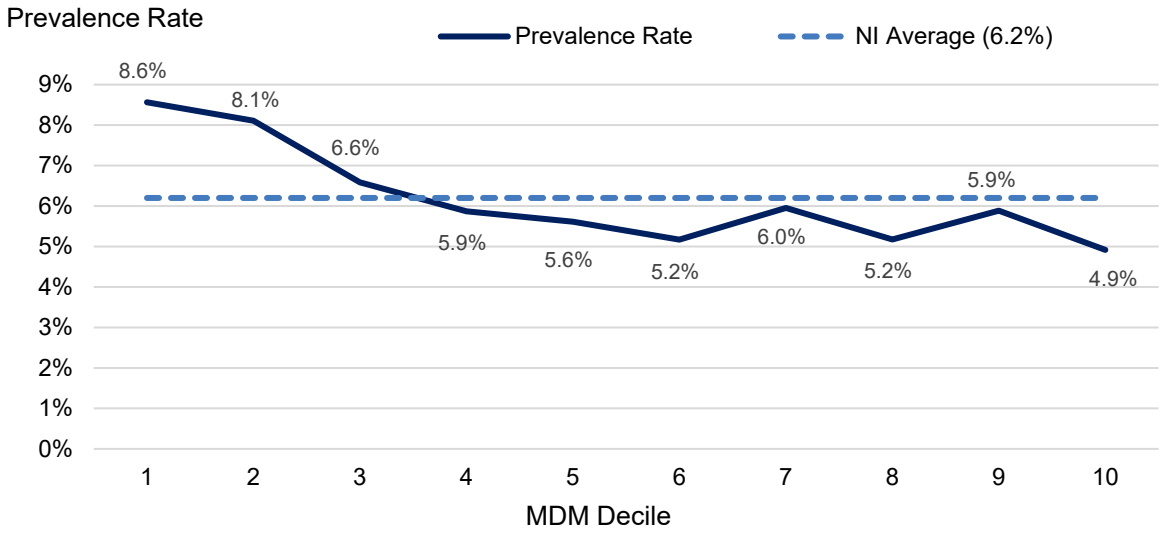
Figure 7. Autism Prevalence by Multiple Deprivation Measure Deciles (2025/26)

Source: Northern Ireland School Census.

Note 1: Figures relate to children in Primary 1 to Year 12 in grant-aided primary, post-primary and special schools.

Note 2: Due to a change in the data collection, the years up to and including 2018/19 are not directly comparable with 2019/20 figures onwards.

Note 3: The most deprived areas are in MDM Decile 1, and the least deprived areas are in MDM Decile 10.



[8] Information on the Northern Ireland Multiple Deprivation Measure can be found here. The MDM is based on the 2017 calculations from the 2011 Census.

PREVALENCE OF AUTISM AND THE INEQUALITY GAP

The following analysis of the autism inequality gap was carried out through the NI Health & Social Care Inequalities Monitoring System (HSCIMS) within the Department of Health which provides in-depth assessment of inequality gaps across a range of health and social care indicators.

The simple gap analysis shows that the rate of autism in school aged children in the 10% most deprived areas in Northern Ireland stood at 8,564 cases per 100,000 population in 2025/26. This was over 38% higher than the regional average, 6,216 cases per 100,000 population, and 74% higher than the rate in the 10% least deprived areas (4,917 cases per 100,000 population).

In the years prior to 2013/14, rates were slightly higher in the least deprived areas than in the most deprived areas. However, since then the rate of autism amongst children in the most deprived areas has increased at a faster rate than in the least deprived. This has resulted in higher rates of autism being seen in the most deprived areas and a widening of the deprivation inequality gap.

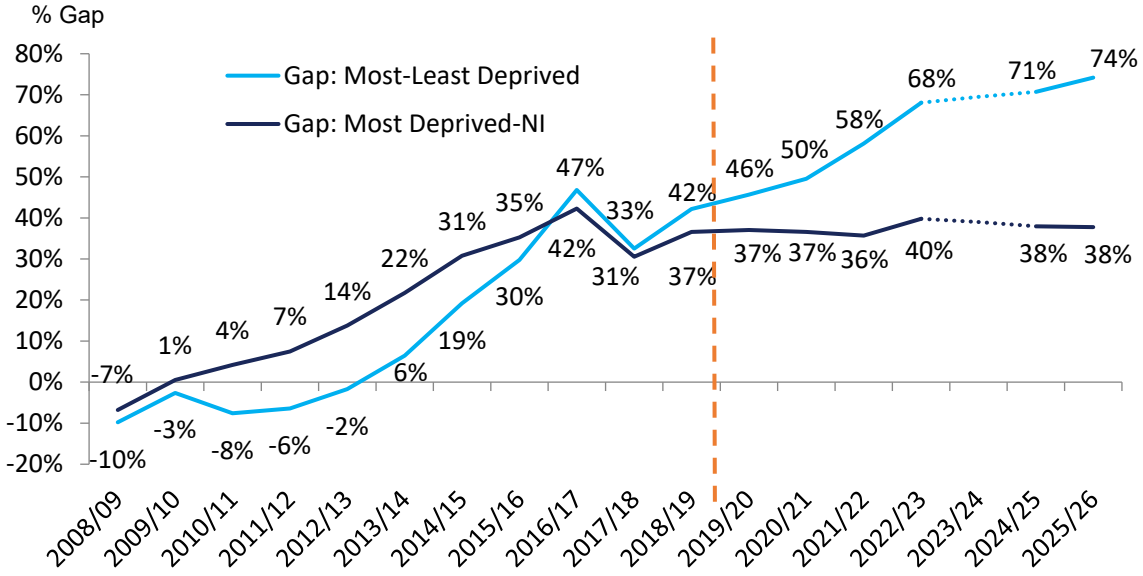
Figure 8. Autism Prevalence by Multiple Deprivation Measure Deciles (2025/26)

Source: Northern Ireland School Census

Note 1: Due to a change in the data collection, the years up to and including 2018/19 are not directly comparable with 2019/20 figures onwards.

Note 2: Figures relate to children in Primary 1 to Year 12 in grant-aided primary, post-primary and special schools.

Note 3: Please note that figures for 2023/24 are not available due to action short of strike.



Further analysis using the Slope Index of Inequality (Sii) and the Relative Slope of Index (Rii) can be found in Appendix F.

APPENDIX A – TECHNICAL NOTES

Data Collection

The information presented in this bulletin derives from the 'Northern Ireland School Census' collected by the Department of Education (NI). All pupils on the rolls of grant-aided primary, post-primary and special schools were included in this return comprising each child who was a registered pupil in a school in October of each given year and who attended for at least one day.

The Census collects a large amount of information including demographic data, free school meal entitlement, looked after children numbers, newcomer children numbers and assessment data. This includes disability and a breakdown of those children identified with autism.

The data extracted from the 'Northern Ireland School Census' for use in this publication includes the number of children recorded with a diagnosis of autism (including Asperger's Syndrome) by gender, school year, Health and Social Care (HSC) Trust, area deprivation and urban/rural split.

Changes to data collection

Historically, children with autism were identified within the special educational needs (SEN) register. However, from 2019/20, the SEN register only refers to those that require assistance with their learning.

Pupils with a diagnosis of autism are now recorded on the new electronic Medical register. All pupils with autism will have a medical diagnosis but not all will require assistance with their learning. Only those who require special educational provision should be recorded on the SEN register.

Because of this change in recording, figures from 2019/20 are not directly comparable with previous years. To illustrate this, in graphs that include previous years data, a red line has been added to distinguish between figures before and after 2019/20.

From Spring 2021, the five stage approach to identification, assessment and provision of Special Education Needs (SEN) was replaced with three stages of special educational provision. Please see Appendix B (Definitions) for further information.

Data Quality

There are a number of limitations to the data in this publication and its use in establishing prevalence figures for autism.

Data is sourced from the school census is presently the most comprehensive data source available, however it only covers those children of school age attending school.

The data only captures those children identified with autism and at any time there may be additional children who may be progressing through the full assessment process. It is therefore possible that a number of children may be identified as having autism at a later date in the school year.

It should also be noted that there are many factors which can lead to variances in the apparent prevalence rates within the different breakdowns commented on in this bulletin. In this regard, care should be taken when considering the findings, i.e. it is likely that at least some of the observed variation in prevalence may be attributable to differences in organisational structure and arrangements in place between/within HSC Trust areas.

Data Availability

"The Prevalence of Autism in School Aged Children in Northern Ireland" is sourced from the School Census, collated by Department of Education. Regretfully, the 2023/24 School Census data collection was impacted by industrial action, due to ongoing Action Short of Strike. Although data was received from all schools, for 25% of schools (primary, post primary and special schools) it was not possible to obtain pupil level information. This means that for these schools, pupil level information relating to special education needs and medical conditions was not available for 2023/24. The Department of Education was therefore unable to provide key information required to produce the 2023/24 report. It was therefore agreed with Department of Education that it was not possible to produce "Prevalence of Autism in School Aged Children in Northern Ireland" for the year 2023/24.

Rounding Conventions

Percentages have been rounded and as a consequence some percentages may not sum to 100. A figure of 0% may reflect rounding down of values under 0.5%.

Revisions Policy

This data is revised by exception. If this occurs the circumstances of the revision are reported on our website and the dates figures are revised are noted both on the website and within the publication. The full revisions policy for statistics published by Information and Analysis Directorate is published on the Department's website.

Related Publications

Data is published on the Department of Health website each quarter on the number of children referred for an assessment for autism and the number of children diagnosed with

autism. Figures are provided for Northern Ireland and each HSC Trust area. This data can be found at the following link: Autism Statistics link. However, due to the rollout of the new patient record IT system encompass,

User Engagement

We welcome your feedback. If you have any comments on this publication, please contact Community Information Branch cib@health-ni.gov.uk.

Next Release

The next release of these statistics is scheduled for May 2027. The publication release dates for statistical bulletins produced by Community Information Branch are available from the Department of Health's Statistical releases calendar.

APPENDIX B – DEFINITIONS

Asperger Syndrome

Asperger Syndrome is similar to autism; however, people with this condition do not generally experience the same language and learning disabilities associated with autism. They are more likely to have difficulties in the areas of social imagination, social communication and social interaction.

Asperger syndrome was an historical diagnostic term used for some autistic people who did not also have a diagnosis of a learning disability. However, the diagnosis of Asperger Syndrome has been removed from the 2013 Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), and the International Classification of Diseases (ICD11) in 2019. This diagnosis now falls under the broader category of 'autism spectrum disorder'.

This publication sets out longitudinal data from 2009 onward, and therefore earlier autism prevalence figures will have included diagnoses of Asperger syndrome, however there is no definitive cutoff of the use of this term in diagnosis, and some autistic people may still refer to their diagnoses using this term.

Future publications will refer to autism diagnoses only, with the caveat outlined above regarding the presence of earlier Asperger Syndrome diagnoses.

Autism

Autism is a lifelong developmental disability that affects how a person communicates with and relates to other people and how they experience the world around them. Autism is often described as a 'spectrum disorder' because the condition affects people in many different ways and to varying degrees.

Autism Act (Northern Ireland) 2011

The Autism Act (NI) 2011 and subsequent Autism (Amendment) Act (NI) 2022 place a responsibility on the Department of Health to lead on the development, implementation, monitoring and reporting of a cross-departmental Autism Strategy every seven years.

Inequalities

Statistical techniques such as the slope index of inequality and the relative index of inequality have been used to analyse socioeconomic inequalities between children identified with autism. More information on these can be found in appendix F.

Prevalence

In order to establish the prevalence of autism within the compulsory school age population, the number of children who were attending school and had been identified with autism was divided by the total number of compulsory school age children attending school. This gave the proportion of children within the cohort who were identified with autism.

Statistical Significance

In order to test whether or not the relationship between two variables was statistically significant we used the chi-square test.

School Age

Children aged 4 – 15 years at the start of the school year are of compulsory school age.

Special Educational Needs (SEN) Assessment Stages

From Spring 2021, the five stage approach to identification, assessment, and provision of Special Education Needs (SEN) was replaced with three stages of special educational provision:

Previous SEN Five Stage Approach	Current SEN Three Stage Approach
Stage 2*	Now stage 1 - school delivered special educational provision.
Stages 3 and 4	Now stage 2 - school delivered special educational provision plus external provision.
Stage 5	Now stage 3 - statement of Special Educational Needs.

*Note: previous SEN stage 1 has now been removed.

APPENDIX C – NUMBER OF CHILDREN IDENTIFIED WITH AUTISM

Table 1. Number of children identified with autism in Primary 1 – Year 12 by HSC Trust (2025/26)

Source: Northern Ireland School Census.

Note 1: Figures relate to children in Primary 1 to Year 12 in grant-aided primary, post-primary and special schools.

Note 2: Figures for years up to 2024/25 can be found in previous publications.

Note 3: Please note that figures for 2023/24 are not available due to action short of strike.

HSC Trust	Number of children with autism in 2025/26
Belfast	4,386
Northern	5,783
South Eastern	2,999
Southern	2,876
Western	2,390
Unknown	38
Northern Ireland	**18,472**

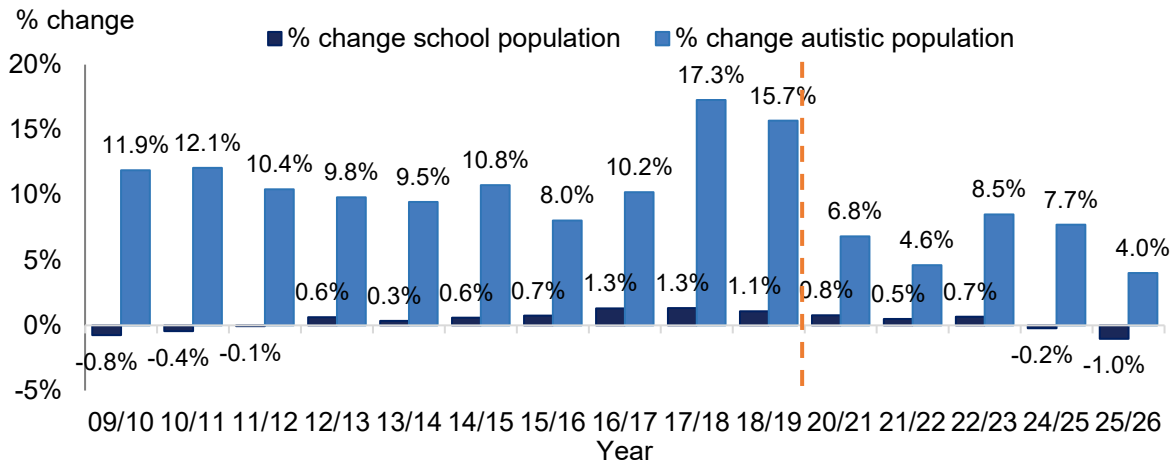
Figure 9. Annual percentage change in school and autistic populations (2009/10 – 2025/26)

Source: Northern Ireland School Census.

Note 1: Due to a change in the data collection, the years up to and including 2018/19 are not directly comparable with 2019/20 figures onwards.

Note 2: Figures relate to children in Primary 1 to Year 12 in grant-aided primary, post-primary and special schools.

Note 3: Due to action short of strike, data for 2023/24 is not currently available, the percentage changes in the school and autism populations between 2022/23 and 2023/24, and between 2023/24 and 2024/25 are based on the estimated school and autism populations for 2023/24. I.e., school and autism populations for 2023/24 are estimated as the centre of the school and autism population between the 2 years, 2022/23 and 2024/25. Caution must therefore be taken when comparing the percentage changes between 2023/24, 2024/25 and previous years.



APPENDIX D – STATISTICAL SIGNIFICANCE TRENDS: URBAN/RURAL AUTISM

Table 2. Urban/Rural autism statistical significance trends by HSC Trust (2009/10 – 2025/26)

Source: Northern Ireland School Census.

Note 1: Due to a change in the data collection, the years up to and including 2018/19 are not directly comparable with 2019/20 figures onwards.

Note 2: Figures relate to children in Primary 1 to Year 12 in grant-aided primary, post-primary and special schools.

Note 3: [N] This information is not available for 2023/24 due to action short of strike.

Year	Belfast HSC Trust	Northern HSC Trust	South Eastern HSC Trust	Southern HSC Trust	Western HSC Trust	Northern Ireland
2009/10	No	No	No	Yes	Yes	Yes
2010/11	No	No	No	Yes	No	Yes
2011/12	No	No	No	Yes	No	Yes
2012/13	No	Yes	No	Yes	No	Yes
2013/14	No	Yes	No	Yes	No	Yes
2014/15	No	Yes	No	Yes	No	Yes
2015/16	No	Yes	Yes	Yes	No	Yes
2016/17	No	Yes	Yes	No	Yes	Yes
2017/18	Yes	Yes	Yes	Yes	No	Yes
2018/19	Yes	Yes	Yes	Yes	No	Yes
2019/20	Yes	Yes	Yes	Yes	No	Yes
2020/21	Yes	Yes	Yes	Yes	No	Yes
2021/22	Yes	Yes	Yes	Yes	Yes	Yes
2022/23	Yes	Yes	Yes	Yes	Yes	Yes
2023/24	[N]	[N]	[N]	[N]	[N]	[N]
2024/25	Yes	Yes	Yes	Yes	Yes	Yes
2025/26	Yes	Yes	Yes	Yes	Yes	Yes

APPENDIX E – DEPRIVATION MAPS

Figure 10. The Most (Red) and Least (Blue) Deprived Areas in Northern Ireland (MDM 2017)

Source: NISRA (2017)

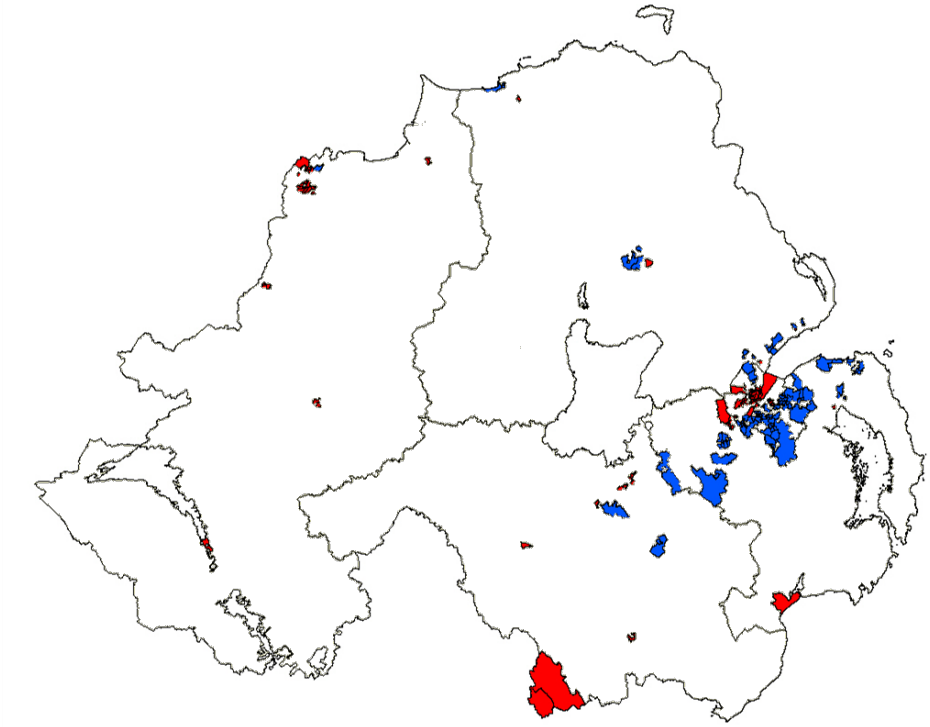


Figure 11. The Most (Red) and Least (Blue) Deprived Areas in the Belfast Metropolitan Urban Area

Source: NISRA (2017)

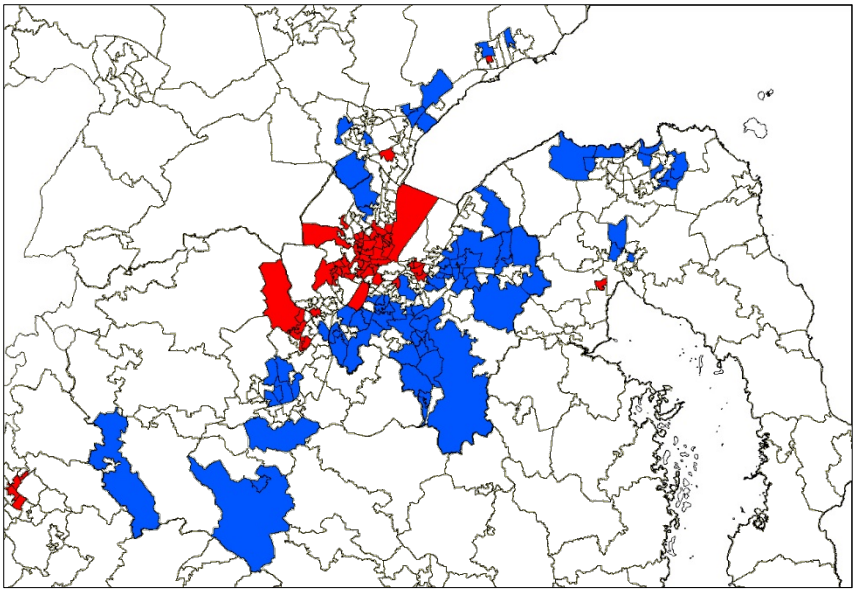
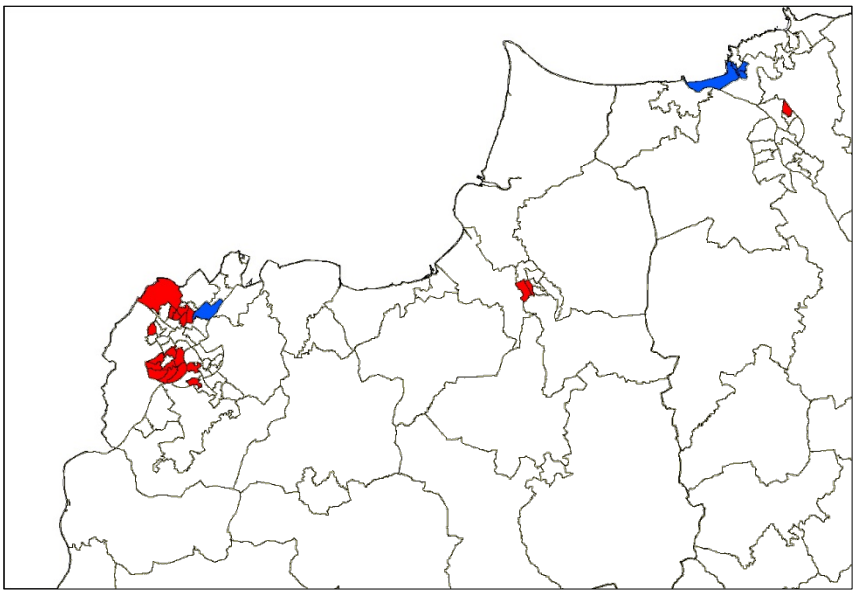


Figure 12. The Most (Red) and Least (Blue) Deprived Areas in the Derry Urban Area

Source: NISRA (2017)



APPENDIX F – FURTHER INFORMATION

Social Gradient

In addition to the simple deprivation gap analysis presented in this publication, the following social gradient analysis has been undertaken to provide a fuller assessment of inequalities across all socio-economic groups in Northern Ireland. Health and social care inequalities are often considered in terms of the gap between the most and least deprived quintiles/deciles of the population. Despite this, it does not account for those areas of intermediate levels of deprivation that may also be relatively disadvantaged in terms of their health status. This is reflected in the Marmot Review which demonstrated that there is a social gradient in health, and its wider determinants that run from top to bottom of the socioeconomic spectrum, meaning that health inequalities affect everyone.

Absolute gap (most-least deprived gap): This measure describes the absolute difference between the extremes of deprivation. It has the advantage that it is intuitive and straightforward to explain; however, it only focuses on the extremes of deprivation, and does not take account of patterns of inequalities observed across the intermediate groups.

Slope index of inequality (SII): This measure describes the gradient of health observed across the deprivation scale. While the absolute gap shows the difference between two large groups, SII measures the difference in health outcomes between the theoretical most and least deprived individuals, according to linear regression across health outcomes for all deprivation deciles. SII therefore has the advantage of being sensitive to the experience of the entire population, rather just the extremes of deprivation. For example, an equal rate across all deprivation categories would give a horizontal line with a slope of zero (SII=0) indicating that there is no evidence of inequality. The level of inequality is shown by the magnitude of the gradient, regardless of direction.

The slope of index of inequality (Sii) shows that the absolute gap in the rate of autism amongst children between the most and least deprived was 3,363 cases per 100,000 population in 2025/26.

Relative index of inequality (RII): The RII describes the gradient of health observed across the deprivation scale, relative to the average for the observed population (by dividing the Slope of Index of Inequality (SII) by the mean). The value of RII tells you the magnitude of inequality in relation to the mean thus representing the proportionate change in the health outcome across the population. It allows inequalities to be compared and contrasted across a number of different health indicators, and also to be monitored over time. As with SII, a value of zero for RII indicates no evidence of inequality. The higher the RII value is, the higher the level of inequalities that exist in the population.

Table 3. Slope index of inequality and relative index of inequality (2008/09 – 2025/26)

Source: Northern Ireland School Census

Note 1: Figures relate to children in Primary 1 to Year 12 in grant-aided primary, post-primary and special schools.

Note 2: Please note that due to a change in the data collection, the years up to and including 2018/19 are not directly comparable with figures from 2019/20.

Note 3: [N] Figures are not available due to action short of strike.

Year	Simple Gap (Most Deprived – Least Deprived)	Sii	Rii
2025/26	74%	3,362.6	0.54
2024/25	71%	3,074.9	0.52
2023/24	[N]	[N]	[N]
2022/23	68%	2,539.6	0.50
2021/22	58%	1,956.9	0.42
2020/21	50%	1,685.2	0.38
2019/20	46%	1,510.7	0.36
2018/19	42%	1,189.6	0.36
2017/18	33%	793.6	0.27
2016/17	47%	909.1	0.36
2015/16	30%	569.8	0.25
2014/15	19%	380.8	0.18
2013/14	6%	216.2	0.11
2012/13	-2%	146.1	0.08
2011/12	-6%	61.3	0.04
2010/11	-8%	1.9	0.00
2009/10	-3%	-45.2	-0.03
2008/09	-10%	-84.4	-0.07

The relative index of inequality (Rii) gives a proportionate gap of 0.54 in 2025/26 i.e. the Sii gap (3,363 cases per 100,000 population) is equivalent to 54% of the average rate of autism amongst children in NI. As with the simple gap analysis, Rii indicates that the deprivation gap has changed from negative (higher rates in least deprived than most deprived) to positive (higher rates in most deprived than least deprived) over the analysed period. It should be noted that despite the simple gap indicating that this change in direction has only occurred more recently, Rii shows that this change occurred much earlier and that the deprivation gap across the entire social gradient had been gradually widening since 2010/11.

For further information regarding the Social Gradient of Health and its methodology, please refer to the Health Inequalities Annual Report:

Health inequalities statistics | Department of Health

CONTACT INFORMATION

For further information on "**The Prevalence of Autism (including Asperger's Syndrome) in School Age Children in Northern Ireland",** please contact:

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