BEC UK

BECAUSE EVERYONE COUNTS

BEC POLICY & RESEARCH SERIES

WHITE PAPER NO. 1

02

POLICY WHITE PAPER · AUGUST 2026

Creating Better Futures

The Leicester Declaration

A National Framework for Neurodiversity, Responsible Artificial Intelligence and Inclusive Opportunity

An evidence-based blueprint for transforming outcomes through research, partnership and innovation.

If everybody is responsible for part of the journey, who is responsible for coordinating the whole journey?

PREPARED BY
Business Enterprise & Community (BEC)

REGISTERED CIO
No. 1174555

VERSION
2.0

ISO 9001:2015
Certified QMS

Publication Details

Title	Creating Better Futures - The Leicester Declaration
Subtitle	A National Framework for Neurodiversity, Responsible Artificial Intelligence and Inclusive Opportunity
Series	BEC Policy & Research Series - White Paper No.1
Version	2.0 - Consolidated Evidence Edition
Published	Leicester, August 2026
Publisher	Business Enterprise & Community (BEC), Registered CIO No. 1174555
Quality Management	ISO 9001:2015 Certified QMS

Digital evidence model. All author-date citations in Version 2.0 link to the BEC Living Knowledge Library: https://becuk.center/references/

Suggested citation: Business Enterprise & Community (2026), **Creating Better Futures: The Leicester Declaration**, White Paper No.1, Version 2.0, Leicester: BEC.

Contents

About Business Enterprise & Community

Business Enterprise & Community (BEC) is a registered Charitable Incorporated Organisation established to improve opportunities for individuals, families and communities through evidence-informed practice, innovation and partnership. BEC's approach has developed through more than a decade of direct engagement with neurodivergent people and their families, alongside schools and colleges, employers, the Department for Work and Pensions, health and social-care professionals, local authorities, universities and voluntary organisations.

That combination of lived experience, frontline delivery and partnership working has led BEC towards a broader question: **how can what is learned through real-world practice be translated into better evidence, better services and ultimately better public policy?**

BEC believes that valuable knowledge does not arise from academic research alone. Professional expertise, lived experience and lessons generated through frontline delivery can identify important problems, challenge assumptions and reveal questions that formal research should investigate. The proposed BEC Institute for Public Policy, Research and Innovation provides a framework through which these different forms of knowledge can be brought together, tested, evaluated and translated into measurable public benefit.

About this White Paper

Creating Better Futures sets out an evidence-informed proposition for developing Leicester as a nationally significant demonstrator for neurodiversity, responsible Artificial Intelligence, inclusive employment and translational research. It does not propose another standalone service. Instead, it explores how existing expertise across universities, public services, employers, communities and people with lived experience could be connected more effectively around the individual.

At the centre of the proposition is a simple question:

> ***If everybody is responsible for part of an individual's journey, who is responsible for helping to coordinate the whole journey?***

The White Paper proposes a framework in which research informs practice; practice generates new evidence; lived and delivery experience identify questions requiring investigation; professional expertise remains central; responsible AI supports rather than replaces human judgement; innovation is evaluated before wider adoption; public investment is assessed through meaningful outcomes; and long-term impact is measured rather than inferred from short-term activity.

The initial application focuses on neurodiversity, employment and the proposed AI-enabled Capability & Opportunity Bureau. The methodology is intended to be transferable to education, health, social care, prevention, independent living, community participation and wider public-service reform.

Purpose

This White Paper has five principal objectives:

1. **Understand the coordination challenge.** Examine why neurodivergent children, young people and adults can experience fragmented pathways across education, employment, health, social care and community support despite substantial expertise within each sector.
2. **Explore a coordinating function.** Test whether a dedicated coordinating function can connect individuals, families, professionals, services, evidence and opportunities without duplicating statutory responsibilities.
3. **Develop and test an integrated model.** Create a practical framework through which universities, local authorities, NHS organisations, schools, employers, government, voluntary organisations and people with lived experience can collaborate around shared outcomes.

4. **Generate stronger longitudinal evidence.** Understand what works, for whom, under what circumstances, at what cost and for how long.
5. **Invite challenge, evaluation and collaboration.** Encourage partners to test, challenge, evaluate and improve the propositions before wider replication is considered.

Our Founding Principles

Principle	Meaning
Evidence Before Assumption	Policy and practice should be informed by measurable evidence, while lived and delivery experience can identify important research questions.
Partnership Before Duplication	Connect existing expertise before creating new structures.
Technology With Human Responsibility	AI may enhance professional practice but must not remove accountability or safeguarding.
Strengths Before Deficits	Recognise capability, talent and aspiration alongside need.
Support That Builds Agency	Support should increase confidence, responsibility and independence wherever appropriate.
Long-Term Outcomes Before Short-Term Outputs	Measure whether change endures, not simply whether activity occurred.

How to Read the Evidence

This Version 2.0 distinguishes between four different forms of statement so that readers can see what is established, what BEC has observed and what remains to be tested.

Status	Meaning
Established Evidence	Peer-reviewed research, national statistics, legislation, statutory guidance or authoritative policy.
BEC Practice Evidence	Internal monitoring or delivery evidence; useful but not equivalent to controlled research.
Practice-Derived Proposition	A concept arising from BEC experience that requires independent testing.
Proposed Model / Research Question	A future intervention, system or hypothesis that should not be represented as proven.

All external in-text citations - for example **(DWP, 2024)** - are hyperlinked to the BEC **Living Knowledge Library** at https://becuk.center/references/. The online library is intended to remain current as research, policy, legislation and professional guidance change. The main White Paper therefore contains only a concise reference register at the end rather than reproducing a large static bibliography.

Foreword

Creating Better Futures: From Lived Experience to System Change

This White Paper did not begin as a theoretical exercise. It grew from more than a decade of direct work with neurodivergent people and the organisations around them: participants and families, schools and colleges, employers, the Department for Work and Pensions, health and social-care professionals, local authorities and voluntary organisations.

That experience has taught us that Britain does not lack compassion, expertise or commitment. What it too often lacks is **coordination**. Across education, health, employment and social care, dedicated professionals work hard within systems created around different statutory responsibilities, budgets and organisational boundaries. For the person and their family, however, there is only one life and one journey.

BEC has also had the opportunity to test many of the ideas in this White Paper through direct delivery. Over three years, BEC delivered a Lottery-funded Self-Development and Employability Pathway designed to prepare neurodivergent participants for employment, further education and greater independence. Internal programme monitoring recorded **82% progressing into employment or further education**, a **95% participant satisfaction score**, and **more than 60% remaining in employment beyond two years**. These are programme-monitoring outcomes rather than findings from a controlled trial, and one purpose of the proposed BEC Institute is to subject practice-derived evidence of this kind to independent academic evaluation.

The most important learning has arisen from the questions that followed the initial outcomes. Helping somebody obtain a job is not necessarily the same as enabling them to sustain a healthy and fulfilling working life. What happens after two years? After five? Why do some people thrive while others become exhausted, disengaged or leave employment? What role is played by executive functioning, cognitive load, sensory demands, workplace culture, relationships and burnout? Could entrepreneurship offer a better route for some people? How should support build independence rather than accidental dependency?

These are not conclusions. They are **research questions arising from practice**.

That distinction matters. Traditional research often begins with a hypothesis and moves towards implementation. Frontline practice can work in the opposite direction: a pattern is observed, an intervention appears to work - or stops working - and a practitioner asks why. BEC therefore brings together three sources of knowledge: rigorous research evidence, professional expertise, and lived and delivery experience. None is sufficient on its own; together they create the foundations for translational research.

Our experience repeatedly returns to the same question: **if everybody is responsible for part of the journey, who is responsible for helping to coordinate the whole journey?** BEC does not propose replacing the NHS, local authorities, schools, DWP, universities, employers or other organisations. The expertise already exists. The proposition is to test whether a coordinating function can help those contributions work around shared outcomes.

The analogy we sometimes use is that of an orchestra. The musicians are already there and each knows their instrument. Coordination ensures that different contributions come together at the right time, around the same score and towards the same outcome. Initially that coordinating function would remain predominantly human. Over time, the proposed Capability & Opportunity Bureau may allow responsible AI to support routine navigation, information retrieval, opportunity matching, progress monitoring and continuity. But there is a clear boundary: **Artificial Intelligence must never remove human responsibility.**

BEC does not claim to have solved the complex challenges in this White Paper. We have experience, encouraging practice evidence, difficult questions arising from follow-up, and a conviction that those questions deserve rigorous testing. If the model works, we should understand why. If parts do not work, we should change them. If better approaches exist, we should adopt them.

The objective is not to prove BEC right. The objective is to discover what works.

BEC's Practice Base

10+ years	Direct work with neurodivergent people, families and partner organisations.
3-year funded demonstrator	Structured Self-Development and Employability Pathway.
Cross-system experience	Schools and colleges, DWP, employers, health and social care, local authorities and voluntary organisations.
Longer-term follow-up	Practice observations extending beyond initial job placement and generating questions about sustainability, cognitive load and burnout.
Research proposition	Convert practice-derived learning into independently evaluated evidence.

Chris Richards
Chief Executive
Business Enterprise & Community
Leicester, August 2026

chrisrichards@becuk.org.uk

+447484890500

https://becuk.center

Executive Summary

The problem: a coordination gap

The United Kingdom possesses considerable expertise across education, health, social care, employment, research and community services, yet individuals can still experience these systems as disconnected pathways. Government policy increasingly recognises the value of earlier intervention, place-based working, integrated services, evidence-led commissioning and digital transformation (DCMS, 2026) (DfE, 2023) (DHSC, 2025). The problem is often not that no service exists, but that responsibility is distributed across several services and the burden of coordination falls back upon the individual or family.

BEC describes this as the **Coordination Gap**. The central proposition of Version 2.0 is to test whether a dedicated coordinating and translational function can improve continuity without duplicating existing statutory or professional roles.

What BEC brings from practice

BEC's three-year Lottery-funded Self-Development and Employability Pathway provides a practice-derived starting point. Internal monitoring recorded 82% progression into employment or further education, 95% satisfaction and employment remaining above 60% beyond two years. These figures require a formal methodological note and independent evaluation, but they have generated a more valuable question: **what makes an apparently positive outcome sustainable over five years and beyond?**

The programme's underlying philosophy moves beyond conventional employability training. It begins with self-understanding, executive functioning, emotional regulation, sensory needs, confidence and independence before moving into applications, workplace communication and resilience. The full pathway is set out once, in **Chapter 10**, rather than repeated throughout the paper.

The distinctive propositions

1. **The Coordination Gap.** Existing expertise may be individually effective yet collectively fragmented.
2. **Translational research.** Research evidence, professional expertise and lived/delivery experience should generate a continuous cycle of testing and improvement.
3. **Capability is not the same as sustainable capacity.** An individual may be capable of a task while the cumulative environmental, executive, sensory or social demands make performance unsustainable over time. This practice-derived proposition is defined in **Chapter 4** and is not treated as a validated diagnostic formula.
4. **Employment entry is not the final outcome.** Sustainable employment requires appropriate fit, wellbeing and progression; entrepreneurship and self-employment should be considered alongside conventional employment where appropriate (DWP, 2024) (Brouwers et al., 2025).
5. **Responsible AI can provide coordination and continuity.** The Capability & Opportunity Bureau (COB) is proposed as a bounded, human-governed decision-support and navigation ecosystem. The 3.00 am Principle in **Chapter 5** asks whether technology can provide a safe first point of contact when familiar support is unavailable, while recognising when human help must take over.
6. **Evidence before scale.** Leicester should function as a Living Demonstrator in which ideas are tested, independently evaluated, challenged and refined before replication.

Why Leicester

Leicester offers a strong combination of research capability, diverse communities, NHS and public-service infrastructure, employers, schools, colleges and voluntary organisations. BEC's role is proposed as the translational and coordinating partner: connecting practice with research, identifying questions, supporting demonstrators and helping translate learning into policy. The University of Leicester and other academic partners

can provide independent methodology and scrutiny; formal partnership language should be used only where agreements are documented.

What should be tested first

Demonstrator 1 - Sustainable Neurodivergent Employment. Independently evaluate the BEC pathway, employment sustainability, wellbeing, cognitive load, workplace environment, entrepreneurship and five-year outcomes.

Demonstrator 2 - Capability & Opportunity Bureau. Begin with bounded, lower-risk uses such as navigation, information retrieval, opportunity matching and practitioner support. Higher-risk functions, including out-of-hours mental-health continuity, should proceed only when governance, clinical/safeguarding pathways and evidence justify them.

How progress should occur

The national roadmap is deliberately not a route from pilot to automatic rollout. It is:

> ***Demonstrate -> Evaluate -> Challenge & Refine -> Replicate & Compare -> Inform National Practice***

Progress between stages should pass explicit Evidence Gates covering feasibility, acceptability, effectiveness, sustainability, safety, public value and transferability. This aligns with established evaluation and complex-intervention principles (HM Treasury & ETF, 2026) (Skivington et al., 2021).

What BEC is asking for now

This White Paper is not a request for immediate national adoption or a funding bid for an untested model. BEC invites universities, Government, the NHS, local authorities, employers, research funders, communities and people with lived experience to **help shape, test, challenge and independently evaluate the proposition**.

Test locally. Evaluate independently. Challenge rigorously. Improve continuously. Scale what works.

Next Suggested Steps

1. Test whether the Coordination Gap described in this White Paper reflects current policy and operational experience.

2. Identify the strongest research questions arising from BEC's practice evidence.

3. Explore whether the Leicester demonstrators could complement existing national and local programmes without duplicating them.

Chapter 1 - Why Britain Needs a New Model

From Fragmented Services to Integrated, Evidence-Led Support

KEY POLICY MESSAGE

Britain does not lack expertise. The central challenge is connecting existing expertise around the individual. A more integrated model should be judged by whether it improves continuity, outcomes and public value - not by the number of organisations or activities it creates.

1.1 The changing policy landscape

National policy increasingly emphasises prevention, early intervention, integrated services, place-based delivery and measurable outcomes. The Young Futures programme seeks to strengthen local partnership working and youth provision (DCMS, 2026). SEND reform has similarly focused on earlier, better-coordinated support (DfE, 2023), while the national health strategy emphasises community-based, preventative and more integrated care (DHSC, 2025). The Buckland Review places sustained autistic employment firmly within the national policy agenda (DWP, 2024).

These policies are not one integrated neurodiversity strategy, but they reveal a common direction: **earlier support, better coordination, clearer outcomes and stronger use of evidence**.

National direction	Strategic implication
Earlier intervention	Identify emerging need before crisis and reduce avoidable escalation.
Integrated services	Improve continuity across organisational boundaries.
Evidence-based practice	Strengthen evaluation, commissioning and accountability.
Place-based delivery	Test approaches in real-world local systems.
Digital transformation	Use technology to improve access and coordination with human oversight.
Inclusive employment	Focus on capability, opportunity, retention and progression.

1.2 The Coordination Gap

Public services have evolved around different legislation, budgets, professional disciplines, eligibility criteria and organisational responsibilities. Those boundaries are necessary for accountability, but they can make cross-system problems difficult to solve. A young person experiencing school anxiety, sensory overload, family pressure and uncertainty about employment does not experience four separate policy domains; they experience one life.

Many services perform their individual responsibilities effectively. The challenge frequently arises at interfaces: school to further education, children's to adult services, health to employment support, or research to practical implementation. Information may be repeated, assessments duplicated and opportunities for earlier intervention missed.

BEC therefore defines the **Coordination Gap** as the point at which several organisations are appropriately responsible for different parts of a person's journey but no one is responsible for helping the individual connect those parts into a coherent pathway.

This is a proposition to test, not an assertion that existing coordinating roles have failed. **Chapter 3** sets out a minimum operating model showing how a BEC/Capability & Opportunity Bureau function would differ from social workers, EHCP coordinators, care coordinators, employment advisers and social-prescribing link workers.

1.3 Why evidence matters

Integration is not automatically improvement. A coordinated model still needs to demonstrate that it produces better outcomes. HM Treasury's Green Book and Magenta Book require public interventions to consider appraisal and evaluation from the outset, including what works, why, for whom and at what cost (HM Treasury, 2026) (HM Treasury & ETF, 2026).

BEC therefore treats delivery as part of an evidence cycle rather than the end of one. Research can identify promising interventions; practice can reveal implementation barriers; lived experience can identify questions that formal research has overlooked. The resulting observations should then be tested rigorously. The full translational model is defined in **Chapter 4**.

1.4 From deficit to capability

Understanding support needs remains essential, but a system that records only deficits can miss talent, aspiration and environmental barriers. A capability-focused approach asks what the person can do, what conditions enable success and which barriers are created by the environment rather than the person. This is consistent with the employment emphasis of the Buckland Review (DWP, 2024) and with BEC's own practice experience.

The more specific distinction between **capability and sustainable capacity** is deliberately not developed here. It is introduced once and fully defined in **Chapter 4**, then applied to employment in **Chapter 10** and measurement in **Chapter 11**.

1.5 Technology as an enabler

Artificial Intelligence may improve access to information, reduce repetitive administration, support opportunity matching and strengthen continuity. It should not be treated as the purpose of reform. Government AI guidance emphasises transparency, accountability, safety and meaningful human oversight (GDS, 2025). BEC therefore proposes bounded, human-governed AI, with the detailed governance framework contained in **Chapter 5**.

1.6 An integrated model

The proposed model rests on five connected elements:

Element	Role
Research	Generate and interpret high-quality evidence.
Innovation	Develop practical tools and interventions informed by evidence and co-design.
Professional Practice	Deliver person-centred support within professional and safeguarding frameworks.
Evaluation	Measure outcomes, implementation and public value.
Partnership	Connect Government, universities, NHS, employers, communities and lived experience.

The model should not create a new organisation responsible for everything. It should test whether research, innovation, practice, evaluation and partnership can be connected more effectively around shared outcomes.

Implications for Practice

1. **Make coordination measurable.** Evaluate whether individuals experience a more coherent pathway and carry less unnecessary responsibility for navigating multiple services.
2. **Build evaluation into delivery.** Define outcomes and evidence requirements before programmes begin (HM Treasury & ETF, 2026).
3. **Use technology progressively.** Start with bounded uses where AI can improve navigation or professional productivity while maintaining human accountability.

Chapter Summary

Britain's challenge is not the absence of expertise but the difficulty of connecting expertise across organisational boundaries. The Coordination Gap provides the central problem statement for the remainder of the White Paper. The next chapter examines the economic and public-value case for addressing that gap.

Chapter 2 - The Economic Case

Investing in Human Capability, Sustainable Participation and Public Value

KEY POLICY MESSAGE

The economic case for neurodiversity is not simply about reducing expenditure. It is about enabling capability to translate into sustainable participation, widening the talent available to employers, improving wellbeing and generating better public value over time.

2.1 From cost to investment

Public debate often starts with the cost of disability, unemployment, health or social-care support. Those costs matter, but they are only one side of the equation. The economic case should also consider value lost when capable people are unable to participate fully in education, employment, entrepreneurship and community life. The LSE Care Policy and Evaluation Centre has examined the economic case for prioritising autism across policy and reform (Knapp et al., 2024).

This does not imply that every neurodivergent person will enter conventional employment or become economically independent. It means that policy should distinguish between **necessary support costs** and **avoidable loss of opportunity**.

2.2 The scale of the employment opportunity

Autistic adults continue to experience substantial barriers to securing and sustaining employment, despite many wanting to work (DWP, 2024). Research also emphasises that the quality and meaning of employment matter, including workplace fit, wellbeing and retention (Brouwers et al., 2024) (Brouwers et al., 2025).

The economic opportunity therefore lies not simply in raising a job-start rate. It lies in increasing **sustainable economic participation**: appropriate employment, further education, apprenticeships, entrepreneurship and progression.

2.3 Practice evidence: the BEC pathway

BEC's Lottery-funded programme provides a practice-derived starting point. Internal monitoring recorded 82% progression into employment or further education, 95% satisfaction and more than 60% remaining in employment beyond two years. The figures are encouraging but are not presented as controlled research findings. Appendix A sets out the methodological information that must accompany the figures in any external research use, including denominators, cohort dates, follow-up methodology and attrition.

The programme was built around four stages:

Understand Yourself -> Build Agency -> Prepare for Opportunity -> Sustain Progress.

The complete 12-week curriculum is set out once in **Chapter 10**. This chapter focuses on the economic implications rather than repeating the curriculum.

2.4 From employment entry to sustainability

A job start is an important output; sustainable participation is a longer-term outcome. BEC's follow-up raises questions about what happens after two, three and five years. Longitudinal evaluation should therefore examine retention, progression, wellbeing, support intensity, job changes, reasons for leaving and movement into education

or self-employment. The research methodology is developed in **Chapter 6**, while the outcome framework is set out in **Chapter 11**.

Employment should not be regarded as successful if it is maintained at an unacceptable cost to wellbeing. A more meaningful definition is:

Sustainable employment = participation + appropriate fit + wellbeing + progression.

2.5 Entrepreneurship as an additional pathway

Conventional employment is not the optimum route for everyone. Greater control over working hours, sensory environment, communication, task design and social demands may make entrepreneurship or self-employment attractive to some neurodivergent people. It is not a universal solution: self-employment also introduces uncertainty, financial management, marketing and executive-function demands. BEC therefore proposes entrepreneurship as an **additional pathway to test**, not an alternative to reasonable adjustment in mainstream employment.

The full employer and entrepreneurship model is developed in **Chapter 10**.

2.6 Public value and economic evaluation

The economic case ultimately requires measurement, not assertion. Future evaluation should consider cost per participant, cost per positive destination, cost per sustained outcome, service use where appropriate, employer outcomes, wellbeing and wider social value. Cost avoidance should be claimed only where attribution is robust. This is consistent with Green Book appraisal and proportionate economic evaluation (HM Treasury, 2026).

WHAT BEC CAN AND CANNOT YET QUANTIFY

BEC does not currently claim a causal monetary saving from its programme-monitoring data. Establishing cost-effectiveness, cost per sustained destination, fiscal effects and wider public value is part of the proposed independent evaluation.

Implications for Practice

1. Measure sustained outcomes, not job starts alone.

2. Include wellbeing and progression in the definition of economic participation.

3. Build economic evaluation into the demonstrator from inception rather than adding it retrospectively.

Chapter Summary

The economic case is a case for human capability and sustainable participation, not merely a case for lower public spending. BEC's practice evidence provides a reason to investigate further, while independent longitudinal and economic evaluation must determine whether the approach creates durable public value.

Chapter 3 - The Leicester 2030 Model

A Place-Based Demonstrator for Translational Research and Coordinated Support

KEY POLICY MESSAGE

Leicester should be treated as a real-world demonstrator, not as proof that a national model already exists. Its purpose is to test coordination, translational research, sustainable employment and responsible AI under independent scrutiny before wider replication is considered.

3.1 Why Leicester?

Leicester offers a combination of university research capability, diverse communities, NHS and public-service infrastructure, schools and colleges, employers and voluntary organisations. These assets create a credible environment in which to test cross-sector approaches. The value of Leicester is methodological as much as geographical: a sufficiently bounded place can support shared governance, real-world implementation and longitudinal follow-up.

3.2 The role of Business Enterprise & Community

BEC's proposed role is **translational and coordinating**. It brings practice-derived questions, community relationships, delivery experience, programme development and outcome monitoring. Academic partners bring methodology and independent scrutiny; statutory bodies retain their statutory responsibilities; employers retain employment decisions; individuals retain choice wherever they have capacity to make it.

BEC should therefore be judged by whether it helps connect expertise and generate useful evidence, not by whether it expands organisationally.

3.3 University and research partnership

The Leicester proposition benefits from access to multidisciplinary university expertise in psychology, employment, public health, economics, law, data science and AI. At this stage, collaboration with the University of Leicester and other academic partners is proposed and remains subject to formal agreement. Academic partnership should provide independent challenge rather than simply endorse BEC's assumptions.

3.4 The minimum operating model for coordination

One way of understanding BEC's proposed coordinating role is through the analogy of an orchestra.

The expertise already exists across the NHS, local authorities, schools and colleges, employers, universities, DWP, voluntary organisations, families and other professionals. Each organisation has its own expertise, responsibilities and statutory boundaries. The proposition is not that BEC should replace any of these organisations, but that there may be value in a function that helps ensure their different contributions are better connected around the individual.

In this sense, BEC could be considered the “conductor of the orchestra”: not playing every instrument and not taking over the responsibilities of the musicians, but helping different contributors work from a shared understanding, at the appropriate time, towards agreed outcomes.

The metaphor is useful, but a serious policy proposition must also be clear about responsibility. Coordination does not transfer statutory authority, professional accountability or individual decision-making to BEC.

BEC therefore proposes the following minimum operating model to test what such a coordinating function could reasonably do, and where responsibility must remain with existing organisations and professionals.

Function	BEC coordinating role	Responsibility retained elsewhere
Navigation	Coordinate information and options	Individual and relevant services retain decisions
Referral	Facilitate and track where agreed	Receiving service controls acceptance and statutory process
Clinical decision	No autonomous clinical decision	Qualified NHS/health professional
EHCP decision	Support navigation only	Local authority
Employment decision	Match and support preparation	Employer and individual
Safeguarding	Identify, record and escalate indicators	Statutory safeguarding authority / authorised professional
Opportunity matching	Identify options	Individual chooses; provider sets eligibility
Data	Minimum necessary, role-based use	Original controllers retain their legal responsibilities

The principle is that BEC may **navigate, connect, record, prompt and support**, but does not inherit statutory decision-making simply because it coordinates the pathway.

3.5 How this differs from existing coordinating roles

A predictable challenge is that public services already employ social workers, care coordinators, EHCP coordinators, social-prescribing link workers and employment advisers. BEC does not dispute their value. The hypothesis being tested is whether a **cross-system, opportunity-focused and evidence-generating layer** can add value across the boundaries of those roles.

Existing role	Typical remit	Gap the BEC proposition tests
Social worker	Statutory social-care assessment and safeguarding	Cross-sector opportunity and evidence coordination beyond social care
EHCP coordinator	Education, health and care planning	Wider adult transition, employment and opportunity pathways
Care coordinator	Health/care pathway	Education, employer and capability/ opportunity dimension
Social-prescribing link worker	Health/community connection	Cross-system research and long-term employment/education coordination
Employment adviser	Employment pathway	Wider wellbeing, education, family and system coordination
BEC coordinating function	Cross-system navigation and translational learning	The additional layer to be tested, not assumed

This comparison is not a criticism of existing professions. It defines the gap that the demonstrator is intended to test.

3.6 The Capability & Opportunity Bureau (COB)

The Capability & Opportunity Bureau (COB) is the proposed digital and professional infrastructure supporting this coordinating function. At this stage it should be viewed as a staged demonstrator rather than a finished

platform. Chapter 5 defines its intended use, safeguarding boundaries, AI governance and the 3.00 am Principle. The present chapter establishes only its place within the Leicester operating model.

3.7 A Living Research Environment

Every major intervention should contribute to learning. Delivery generates outcome data, implementation experience and new questions; academic evaluation tests those observations; findings refine practice. This is the practical expression of the translational research cycle set out in Chapter 4.

3.8 Governance and information sharing

Governance should be proportionate to the demonstrator. Initial arrangements need clear accountability for safeguarding, research, data protection, AI risk, complaints and incident management. The first phase should **not assume creation of a universal shared record** across NHS, local-authority, education, DWP and employer systems. Instead, it should operate on minimum necessary information, defined lawful bases, consent where appropriate, role-based access and formal information-sharing arrangements. Detailed AI/data requirements are set out in Chapter 5.

3.9 Evidence and development pathway

BEC proposes an evidence and development pathway:

> ***Concept -> Feasibility -> Demonstration -> Independent Evaluation -> Replication Research -> Policy Learning***

Different stages may attract different research, innovation, public or philanthropic resources, but funding is a means to test the proposition rather than the proposition itself.

3.10 Testing transferability beyond Leicester

Subject to evidence of feasibility, effectiveness, safety and public value, elements of the Leicester model could be tested in other locations. Replication should compare core principles with necessary local adaptation rather than copy an organisational structure. The Evidence Gates governing any move beyond Leicester are set out in Chapter 12.

Implications for Practice

1. **Define responsibility before coordination begins.** Every demonstrator should state what BEC/COB can and cannot decide.
2. **Start with minimum necessary data.** Interoperability should be developed progressively rather than assumed.
3. **Treat Leicester as a place to learn, not as proof of national transferability.**

Chapter Summary

Leicester provides a credible environment in which to test a cross-sector coordinating function, translational research and responsible AI. The next chapter defines the translational research model that converts frontline questions into evidence and public learning.

Chapter 4 - The BEC Translational Research Model

Transforming Research into Measurable Public Benefit

KEY POLICY MESSAGE

Research changes society only when knowledge is translated into action. BEC's role is to connect rigorous evidence, professional expertise and lived/delivery experience so that practice can be tested, improved and translated into wider public benefit.

4.1 What translational research means in this White Paper

In medicine, translational research describes the movement from scientific discovery towards clinical application. BEC applies the same principle to social innovation: identify evidence, design practical interventions, evaluate implementation, measure outcomes, refine the model and share what is learned. Implementation science offers established frameworks for understanding how evidence moves into real-world settings (Damschroder et al., 2022) (Proctor et al., 2011).

The objective is not to blur the distinction between research and service delivery. It is to ensure that delivery is capable of **generating questions and evidence** under appropriate research governance.

4.2 Three sources of knowledge

BEC's model brings together three complementary sources:

Source of knowledge	Contribution
Research Evidence	What rigorous research and authoritative guidance tell us.
Professional Expertise	What experienced practitioners understand about implementation and judgement.
Lived & Delivery Experience	What happens when policy and services meet people's actual lives.

Lived experience does not replace scientific evidence, and professional experience does not automatically establish causation. Their value is that they can reveal questions, implementation barriers and outcomes that formal research should investigate.

4.3 The translational cycle

Stage	Core question
Evidence Review	What is already known?
Co-Design	What matters to users and implementers?
Intervention Design	What should be tested?
Implementation	Can it work in the real world?
Outcome & Economic Evaluation	What changed and at what cost?
Longitudinal Follow-up	Did the change endure?
Policy Translation	What should others learn or test next?

The cycle is intentionally iterative. An intervention that appears promising should not simply be repeated unchanged. Findings should alter design, delivery or the research question. This aligns with contemporary guidance for complex interventions and implementation research (Skivington et al., 2021) (Proctor et al., 2011).

4.4 Six pillars of translation

The model rests on six pillars:

1. Evidence - use the best available research and policy evidence.

2. Co-design - involve people with lived experience and those responsible for implementation.

3. Innovation - develop practical responses to identified problems.

4. Professional practice - retain qualified judgement, safeguarding and supervision.

5. Evaluation - measure outcomes, implementation and unintended consequences.

6. Policy translation - share findings in forms useful to commissioners, employers and policymakers.

4.5 Capability is not the same as sustainable capacity

BEC PRACTICE-DERIVED PROPOSITION

One of the most important propositions emerging from BEC's work is that **identifying capability is only the beginning of effective support**. An individual may possess the intellectual, technical, creative or vocational capability required to perform a task, yet the activity may not be sustainable within every environment.

Performance also depends on cumulative executive, sensory, social, organisational and emotional demands. Planning, task switching, communication, ambiguity, travel, interruptions, workplace relationships, sensory processing and the need to recover between periods of demand can all contribute to cognitive load. Autistic burnout research provides an established basis for taking exhaustion and loss of functioning seriously, but it does not validate BEC's proposed framework (Raymaker et al., 2020).

BEC therefore distinguishes **capability** from **sustainable capacity**:

> ***Capability identifies what a person can do. Sustainable capacity asks under what conditions they can continue doing it successfully.***

The practice-derived framework is:

> ***Capability + Appropriate Environment + Managed Cognitive Load + Effective Support -> Sustainable Performance***

This is **not a validated mathematical formula or diagnostic instrument**. Its components and predictive value require independent research. Its purpose is to turn an observation from practice into a testable proposition.

4.6 From talent identification to burnout prevention

The distinction matters because a capability-only assessment can identify talent while missing the cumulative cost of sustaining performance. If rising cognitive load is recognised earlier, it may be possible to review task design, working methods, expectations, sensory environment or support before performance collapses or the individual reaches crisis.

This creates a research pathway from

talent identification -> sustainable capacity -> early warning -> preventative adjustment -> longitudinal outcome.

The employment application is developed in **Chapter 10**, while the measurement framework appears in **Chapter 11**.

4.7 From services to systems

BEC's translational role is not simply to deliver individual programmes. It is to understand how interventions interact with wider systems. A service may achieve positive outcomes for participants while failing to transfer, creating unintended workload elsewhere or depending upon a particular individual. Implementation research should therefore consider acceptability, adoption, feasibility, fidelity, cost and sustainability alongside participant outcomes (Proctor et al., 2011).

4.8 The Living Innovation Laboratory

A Living Innovation Laboratory is a practical environment in which questions can be tested under real-world conditions. In the Leicester demonstrator, this means that employment programmes, coordination methods, AI tools and partnership models are evaluated while they are being implemented. Evidence is not something collected only after delivery; it is generated throughout delivery.

4.9 Building a national learning capability

The long-term ambition is not a chain of BEC-controlled services. It is a learning network in which local practice generates comparable evidence that can be shared, challenged and translated into policy. **Chapter 12** sets out the Evidence Gates that should govern movement from local demonstration to wider replication.

Implications for Practice

1. **Treat practice-derived observations as research questions, not as established facts.**
2. **Develop and independently evaluate the distinction between capability and sustainable capacity, including its relevance to cognitive load, environmental adjustment and long-term outcomes.**.
3. **Measure implementation as well as participant outcomes.**

Chapter Summary

The BEC Translational Research Model connects evidence, co-design, innovation, professional practice, evaluation and policy translation. Its distinctive contribution is not a claim that frontline experience is equivalent to research, but that frontline experience can generate important questions that are then tested rigorously.

Chapter 5 - Responsible Artificial Intelligence, Governance and Continuity

Using AI to Enhance Human Capability Without Removing Human Responsibility

KEY POLICY MESSAGE

Artificial Intelligence should not make consequential decisions about people. It should help individuals and professionals access information, coordinate support and identify opportunities. The greater the potential harm from an incorrect response, the less autonomy the system should have.

5.1 Seven principles of responsible AI

Principle	Requirement
People First	Human dignity, safety, autonomy and wellbeing take precedence over technical capability.
Human Oversight	AI informs; authorised people make consequential decisions.
Safeguarding by Design	Risk recognition and escalation are designed in from the outset.
Transparency & Accountability	Users know they are interacting with AI; decisions and incidents are auditable.
Evidence Before Scale	New capability is evaluated before wider deployment.
Bounded Use	AI operates only where purpose, limits and escalation pathways are defined.
Continuity Without Dependency	AI may be available between human contacts but should strengthen, not replace, human relationships and agency.

These principles draw on wider public-sector and health-AI governance, including transparency, accountability, human oversight and risk management (GDS, 2025) (WHO, 2021) (UNESCO, 2021).

5.2 The Capability & Opportunity Bureau (COB)

The Capability & Opportunity Bureau (COB) is proposed as a digitally enabled coordination and decision-support ecosystem rather than an autonomous decision-maker. Its functions may include capability and opportunity information, service navigation, evidence retrieval, structured guidance, practitioner support, outcome monitoring and - where separately validated - continuity between professional contacts.

Development should be staged:

Stage	Description
1. Human-Led Coordination	Practitioners coordinate; technology supports administration and information.
2. AI-Supported Coordination	AI assists navigation, evidence retrieval, opportunity matching and monitoring; humans remain central.
3. AI-Orchestrated, Human-Governed	Only where evidence justifies it, AI may undertake more routine coordination while humans retain complex judgement, safeguarding and consequential decisions.

Stage Three is an ambition, not an entitlement. Progression should occur only where evidence, regulation, safety and governance justify it.

5.3 AI supporting professional practice

Initial AI functions should concentrate on relatively bounded tasks:

- rapid retrieval of research, policy and local-service information;
- opportunity matching across education, training, employment, volunteering and entrepreneurship;
- administrative assistance and reduction of repetitive documentation;
- structured prompts that support, but do not replace, practitioner judgement;
- outcome analytics and pattern identification for human review;
- accessible information and routine navigation for individuals.

Government guidance on AI in high-impact contexts supports meaningful human oversight rather than fully automated decisions (GDS, 2025).

5.4 The 3.00 am Principle

People's needs do not arise only during office hours. Anxiety, relationship difficulties, sensory overload, work problems and feelings of crisis can intensify during evenings, nights, weekends and public holidays. BEC's own delivery experience has included early-morning calls from distressed parents who did not know where to turn when a child was expressing suicidal thoughts.

England now provides 24-hour urgent mental-health crisis access through NHS 111's mental-health option (NHS England, 2024). That is essential, but urgent crisis provision is not the same as continuity with a familiar support relationship.

BEC therefore proposes the **3.00 am Principle**:

> ***If an individual - or somebody trying to support them - is frightened, overwhelmed or unsure what to do at 3.00 am, can the system provide a safe first point of contact, determine the level of help required and connect them with appropriate human support?***

The system does not need to resolve the problem. Sometimes the correct outcome is simply: **this needs human help now**.

5.5 A trusted digital companion - trust without deception

A chatbot, voice interface or optional AI avatar could become a familiar digital point of contact for people who find telephone conversations difficult, need more time to explain what has happened, communicate more comfortably in writing or feel unable to approach an unfamiliar professional immediately.

The design objective is not to simulate a human friendship. Users must understand that they are interacting with AI. The system should never falsely claim to be a friend, therapist, doctor, social worker or parent, and it should not encourage exclusivity or emotional dependency.

> ***Familiar enough to talk to. Transparent enough to trust. Safe enough to know when to involve a human.***

The governing principle is **continuity without dependency**: AI should strengthen human relationships, agency and appropriate help-seeking, not substitute for them.

5.6 When the usual support network is unavailable or unsafe

Parents and carers often provide essential support, but a person-centred system cannot assume that family involvement is always available, wanted or safe. Some individuals live independently; some fear discussing particular issues with family; and in a minority of cases the family or usual supporter may be part of the safeguarding concern.

The system should therefore never automatically assume **contact the parent or carer**. Where an individual discloses abuse, coercion, exploitation or fear involving a usual supporter, the appropriate route must be determined through safeguarding procedures rather than automatic referral back to that person. For children and vulnerable adults, this must align with statutory safeguarding guidance (DfE, 2026).

5.7 Risk-tiered and bounded AI

Situation	Potential AI role	Human role
Appointments / reminders	High automation	Oversight
Service information	High automation	Available if needed
CV / application support	AI-supported	Review if needed
Opportunity matching	AI-supported	Individual / professional judgement
Routine wellbeing check-in	Bounded structured support	Practitioner oversight
Increasing distress	Constrained support and escalation	Human review
Medical / medication enquiry	General navigation only	Qualified professional
Abuse / exploitation	Identify concern and activate safeguarding route	Mandatory human consideration
Serious self-harm / suicide concern	No autonomous resolution	Urgent human/crisis intervention
Immediate threat to life	Direct to emergency assistance	Emergency services

The design rule is simple:

> ***The greater the potential harm from an incorrect answer, the less autonomy the AI should have.***

This is particularly important for medical questions, medication, safeguarding, abuse, exploitation, self-harm and suicide. BEC should not attempt to diagnose, prescribe or autonomously manage high-risk situations.

5.8 Closed-loop escalation

An escalation is not complete merely because an alert has been generated. At 3.00 am, sending an email to a practitioner whose office opens at 9.00 am does not constitute an immediate safeguarding response.

BEC therefore proposes **closed-loop escalation**: the system should direct the individual to an appropriate service that is actually available at that time or, where commissioned arrangements permit, confirm transfer to an authorised human response pathway. The escalation architecture must specify recipient, availability, response expectation, information-sharing rules, failure handling and audit trail.

5.9 Intended-use boundary

INTENDED USE BOUNDARY

The Capability & Opportunity Bureau (COB) is not proposed as a diagnostic, clinical or emergency mental-health service. Its initial intended use is navigation, continuity, structured support, opportunity identification and practitioner decision support. Functionality that may fall within medical-device, regulated healthcare or other sector-specific regimes must be assessed separately before deployment.

The MHRA's software and AI-as-a-medical-device guidance makes intended purpose central to regulatory status (MHRA, 2025). Digital-health evidence and clinical-safety standards may also become relevant if the system enters NHS clinical workflows (NICE, 2022) (NHS England, (2026)).

5.10 Human oversight

A 24-hour digital service increases rather than reduces the importance of human oversight. Governance must define what AI may do independently, what requires routine professional review and what requires urgent escalation. Significant decisions affecting health, safeguarding, legal rights, education or employment should remain with the appropriately authorised person or organisation.

5.11 Independent legal, ethical and academic scrutiny

BEC proposes developing independent scrutiny drawing on expertise in law, AI, safeguarding, clinical practice, information governance, equality and lived experience. Collaboration with the University of Leicester School of Law and university AI researchers is proposed as one potential route, subject to formal agreement.

Rather than creating multiple boards at the outset, the demonstrator should begin with a proportionate **Research, Ethics & Evaluation Committee** containing specialist AI and safeguarding expertise, alongside the Strategic Partnership Board and Lived Experience Council described in **Chapter 12**.

5.12 Data, personalisation and trust

Personalisation requires information, but more data is not automatically better. The principle should be **enough information to provide useful continuity - but no more than is necessary**. Governance must address lawful basis, UK GDPR, purpose limitation, data minimisation, access controls, retention, cybersecurity, audit logs and mechanisms to correct information (ICO, live).

Phase One should not depend on unrestricted interoperability with every partner system. A minimum-data model with defined information-sharing agreements is more realistic and safer.

Memory requires particular caution. Persistent conversational memory may improve continuity but also increases privacy and safeguarding risk. Sensitive disclosures may require controlled safeguarding records rather than indefinite conversational retention. The purpose of memory is **continuity and safety, not surveillance**.

5.13 Children, adults and decision-making

Governance arrangements must distinguish between children, adults with decision-making capacity and adults for whom capacity may be in question. Consent, parental responsibility, confidentiality, safeguarding and information-sharing differ according to the legal and professional context. Relevant frameworks include the

Mental Capacity Act 2005, Children and Families Act 2014, Care Act 2014, Equality Act 2010 and data-protection legislation (Mental Capacity Act 2005) (Children and Families Act 2014) (Care Act 2014) (Equality Act 2010).

5.14 Co-design and accessibility

Neurodivergent people should participate in interface design, language, avatar choices, safeguarding scenarios, usability testing and governance. A single interface will not suit everyone. Users may prefer text, voice, an avatar, no avatar, concise responses, structured prompts or slower interaction. Technology should adapt to the person rather than require the person to adapt to the technology.

5.15 Evidence from digital mental health

Digital mental-health research suggests that carefully developed conversational systems can create meaningful engagement and support structured interventions, but the evidence does not justify replacing qualified clinicians. A 2025 randomised trial of a generative AI chatbot reported symptom improvements compared with a wait-list control and meaningful therapeutic alliance, while calling for further research (Heinz et al., 2025). Systematic reviews similarly suggest potential benefits but reinforce the need for critical evaluation of safety, evidence quality and limitations (Zhang et al., 2025) (Parks et al., 2025).

BEC's inference is therefore narrower: conversational AI may be useful for **access, continuity, structured support and navigation**, provided it is bounded, transparently governed and evaluated before scale.

5.16 Measuring AI-supported continuity

Evaluation should examine accessibility, use outside conventional hours, appropriate escalation, false reassurance, unnecessary escalation, safeguarding outcomes, user trust, professional workload, hallucination/error rates, bias, adherence to system boundaries and whether users are safer or better connected after the interaction. The detailed outcomes framework is contained in **Chapter 11**.

Implications for Practice

1. **Begin with bounded, lower-risk AI functions and earn greater autonomy through evidence.**
2. **Treat escalation architecture as seriously as model capability.** A safety pathway is only useful if an appropriate human service can actually receive it.
3. **Maintain a clear intended-use statement and independent governance throughout development.**

Chapter Summary

BEC is not proposed as an autonomous therapist, clinician or decision-maker. Its value lies in supporting coordination, navigation, opportunity identification and continuity while preserving human responsibility. The 3.00 am Principle is a research proposition: can a safe digital layer reduce the gap between familiar support being unavailable and a situation becoming a crisis?

Chapter 6 - Research, Evaluation and Evidence Generation

Building an Evidence Ecosystem for Sustainable Outcomes

KEY POLICY MESSAGE

Evaluation should begin before delivery, continue through implementation and extend long enough to test whether outcomes endure. Positive findings, negative findings and unexpected findings all generate knowledge.

6.1 An evidence-led organisation

An evidence-led organisation does more than collect monitoring data. It states its assumptions, defines outcomes, tests implementation, reports limitations and changes practice when evidence contradicts expectations. The Green Book, Magenta Book and implementation-science literature provide established foundations for this approach (HM Treasury, 2026) (HM Treasury & ETF, 2026) (Damschroder et al., 2022).

6.2 The research continuum

BEC proposes a continuum rather than a single research method:

> ***Discovery -> Co-design -> Feasibility -> Demonstration -> Evaluation -> Longitudinal Follow-up -> Replication -> Policy Learning***

Different questions require different methods. A feasibility study asks whether an intervention can be delivered; an outcome study asks what changed; implementation research asks how and why; health economics asks what resources were required; longitudinal research asks whether change endured.

6.3 Longitudinal research: from initial outcomes to sustainable impact

BEC's employment follow-up illustrates why a longer horizon matters. Short-term employment entry can be positive while longer-term outcomes change. Future cohorts should therefore be followed at meaningful intervals such as baseline, completion, 6 months, 12 months, 24 months, 36 months and five years, with longer follow-up where feasible.

The purpose is not simply to determine whether someone remains employed. It is to understand changes in employment, education, entrepreneurship, wellbeing, cognitive load, support intensity, progression and reasons for leaving or changing pathway.

6.4 When early success does not endure

Deterioration is not an inconvenient result to be hidden. It may be the most important evidence generated. A participant may enter employment successfully but encounter difficulties years later because of changes in role, management, environment, health, relationships, cognitive load or personal circumstances. Alternatively, the original pathway may simply cease to be the right one.

> ***An outcome becoming less positive over time is evidence from which the next intervention should be developed.***

6.5 Implementation science

Real-world success depends on more than intervention content. Implementation science examines acceptability, adoption, feasibility, fidelity, cost and sustainability (Proctor et al., 2011) and the contextual factors that influence implementation (Damschroder et al., 2022). This is particularly important for a model that crosses organisational boundaries.

6.6 Evaluation framework

BEC proposes five complementary evaluation questions:

Dimension	Question
Process	Was the intervention delivered as intended?
Outcome	What changed for participants and families?
Implementation	Was it acceptable, feasible, adopted and sustainable?
Economic	What resources were used and what value was created?
Policy / System	Did coordination, commissioning or wider practice change?

The framework should distinguish immediate, intermediate and longitudinal outcomes. A positive destination at programme completion is one stage in an outcome pathway, not the final measure.

6.7 Theory of Change

Every major demonstrator should state why the proposed activities are expected to produce the intended outcomes. The Theory of Change should also specify evidence that would challenge the assumptions. A practical sequence is:

> ***Need -> Inputs -> Activities -> Outputs -> Initial Outcomes -> Sustained Outcomes -> Long-Term Impact -> Learning***

Complex-intervention guidance supports explicit programme theory, iterative refinement and context-sensitive evaluation (Skivington et al., 2021).

6.8 Health economics and public value

Economic evaluation should be proportionate to the maturity of the intervention. Early stages may use cost-consequence analysis; later stages may examine cost-effectiveness, cost-benefit or other appropriate methods. Claims of cost avoidance should be made cautiously and only where attribution can be supported. **Chapter 2** sets out the economic proposition; **Chapter 11** specifies the outcome measures.

6.9 The BEC Longitudinal Outcomes Dataset

Subject to consent, ethics, data protection and governance, BEC proposes developing historical and future monitoring into a structured longitudinal dataset. Potential variables include employment status, education, self-employment, occupation, working hours, job changes, wellbeing, independence, support intensity, adjustments, cognitive-load indicators and reasons for leaving.

The objective is not to collect everything. It is to collect the minimum information necessary to answer meaningful research questions.

6.10 Equity and intersectionality

Aggregate outcomes can conceal important differences. Where sample size and privacy permit, evaluation should examine variation by sex/gender, ethnicity, socioeconomic background, age, learning disability or intellectual disability, co-occurring mental-health conditions, language and digital exclusion. This is not an invitation to over-interpret small subgroups; it is a commitment to ask whether an apparently effective model works equitably.

6.11 Research partnerships and independence

Universities, NHS organisations, local authorities, employers, research institutes and people with lived experience should contribute to research design according to expertise. BEC brings delivery environments and practice-derived questions; academic partners bring independent methodology, analysis, peer review and publication. The purpose of partnership is not to validate BEC's assumptions but to test them.

6.12 Dissemination and the Living Knowledge Library

Research findings should be communicated in formats useful to different audiences: peer-reviewed publications, policy briefings, implementation guides, dashboards, public summaries and the BEC Living Knowledge Library. The library at https://becuk.center/references/ provides the live evidence register underpinning this White Paper. It should distinguish peer-reviewed research, statutory guidance, policy, BEC practice evidence, supplementary commentary and emerging research.

Implications for Practice

1. Establish longitudinal follow-up as a core methodology where long-term claims are made.

2. Report deterioration and null findings transparently.

3. Build independent evaluation and equity analysis into the demonstrator before scale is considered.

Chapter Summary

BEC's research proposition is not to attach evaluation to an established service model after the event. It is to create a system in which assumptions are explicit, delivery generates evidence, results are followed over time and the model changes when findings require it.

Chapter 7 - Young Futures Hubs

Prevention, Safeguarding and Coordinated Support for Children and Young People

KEY POLICY MESSAGE

Young Futures provides a practical setting in which to test the Coordination Gap identified in Chapter 1. BEC's proposed contribution is not another youth service but a coordinating, evidence-generating partner that connects existing provision around the young person.

7.1 The Young Futures opportunity

Young people rarely experience mental health, school attendance, neurodevelopmental needs, family pressures, social isolation, exploitation and future employment as separate issues. Young Futures is intended to strengthen early intervention and local partnership working (DCMS, 2026). BEC's proposition is that the programme offers a natural test bed for the integrated approach defined in **Chapter 1**.

The objective should be a coherent pathway rather than multiple disconnected interventions. Schools, CAMHS, social care, youth services, police, voluntary organisations, primary care and employment support retain their responsibilities; the question is whether coordination can reduce duplication, delay and missed opportunities.

7.2 BEC's role within a Young Futures partnership

BEC could contribute in six areas:

- strengths-based and capability-focused assessment;
- navigation and coordination across local provision;
- employability and preparation for adulthood;
- family engagement and support that builds agency;
- evidence generation and outcome evaluation;
- responsible digital tools where they have been separately validated.

Clinical care, statutory safeguarding and educational decisions remain with the appropriate organisations. The minimum operating model in **Chapter 3** applies equally here.

7.3 Partnership architecture

A Young Futures ecosystem should connect local authorities, schools and colleges, health services, police, employers, universities and the voluntary sector around shared outcomes. Local authorities are particularly important because of their responsibilities across SEND, Early Help, youth services, social care and commissioning. Schools often identify emerging difficulties first. Community organisations contribute local trust and specialist knowledge.

The role of the coordinating function is to help ensure that a young person does not have to begin again every time responsibility moves between organisations.

Partner	Primary contribution
Local Authorities	Early Help, SEND, youth services, social care, commissioning and safeguarding.
Schools & Colleges	Early identification, attendance, SEND support, transitions and careers.
CAMHS / NHS	Clinical assessment and treatment, mental-health expertise, escalation.
Police	Safeguarding, diversion, exploitation intelligence and prevention.
Voluntary Sector	Trusted relationships, mentoring, peer support and specialist community provision.
Employers	Work experience, apprenticeships, mentoring and future opportunity.
Universities	Research design, evaluation and evidence translation.

7.4 Neurodiversity, vulnerability and criminal exploitation

BEC's practice experience suggests that a desire for acceptance, difficulty interpreting social intent, susceptibility to coercion or a wish to please can create particular vulnerabilities for some young people. These characteristics should never be stereotyped or assumed simply because a person is neurodivergent. They do, however, justify careful individual assessment where there are signs of exploitation.

County Lines is one recognised form of child criminal exploitation, in which children and vulnerable people may be coerced, controlled or manipulated into criminal activity (Home Office, 2023). The policy response should distinguish between deliberate offending and behaviour shaped by grooming, coercion or exploitation while still recognising risk to others.

Potential warning signs can include sudden changes in relationships, unexplained money or possessions, secrecy, disengagement from school, repeated absence, new travel patterns or fear linked to peers. These indicators are not diagnostic; they require professional safeguarding consideration.

A coordinated pathway can connect school observations, family information, police intelligence, social-care expertise and the young person's own account before risk escalates. Serious safeguarding concerns must follow statutory processes (DfE, 2026a).

7.5 Families, autonomy and support that builds agency

Parents and carers are often critical advocates and sources of knowledge. They may also be exhausted, anxious about the future or understandably reluctant to reduce support that has kept a child safe. Effective practice should therefore support the family **and** help the young person develop voice, choice, responsibility and independence where appropriate.

Well-intentioned support can sometimes create dependency if tasks are continually done for a young person rather than progressively with them. BEC's founding principle is **support that builds agency**. This may require patient scaffolding, clear boundaries and, at times, respectful challenge when expectations or behaviour are preventing progress. It should never become punitive or ignore genuine disability-related needs.

The system must also recognise the safeguarding qualification established in **Chapter 5**: the usual supporter cannot automatically be assumed to be the safe supporter.

7.6 The Young Futures delivery pathway

A practical pathway might operate as:

> ***Accessible Entry -> Shared Understanding -> Coordinated Plan -> Targeted Support -> Review -> Transition -> Longitudinal Follow-up***

The shared understanding should include strengths, needs, aspirations, risks, existing services and transition points. The purpose is not to create one universal assessment that replaces statutory processes, but to create enough shared context to reduce unnecessary repetition.

7.7 Measuring success

Young Futures outcomes should include individual wellbeing, education, engagement, agency, family confidence, safeguarding, successful transitions and reduced fragmentation. Detailed measurement principles are not repeated here; they are set out in **Chapter 11**. The key requirement is that the hub measures whether support produces sustainable change rather than simply counting contacts.

7.8 A demonstrator for national learning

A Leicester Young Futures partnership could test the coordinating function in a bounded setting and contribute implementation evidence to the wider programme. Any wider claim should depend on the Evidence Gates in **Chapter 12**.

Implications for Practice

1. **Treat exploitation and vulnerability as cross-system safeguarding issues rather than isolated behavioural problems.**
2. **Support families while deliberately building the young person's agency and preparation for adulthood.**
3. **Measure whether coordination improves transitions and reduces the burden of navigation on families.**

Chapter Summary

Young Futures offers a practical environment for testing integrated prevention. BEC's proposed value lies in connecting existing expertise, supporting capability and opportunity, and generating evidence about whether a more coherent pathway improves outcomes for young people and families.

Chapter 8 - NHS Partnerships

Prevention, Participation and Integrated Health Systems

KEY POLICY MESSAGE

Health outcomes are shaped by more than healthcare. Employment, education, housing, relationships, financial security and community participation influence wellbeing. BEC's proposed role is to complement clinical services by addressing these wider determinants and generating evidence about integrated support.

8.1 Health beyond healthcare

The NHS operates under sustained demand and workforce pressure, while many drivers of poor health originate beyond clinical settings. Current national policy emphasises prevention, community-based care, digital transformation and stronger integration (DHSC, 2025). BEC's proposition is therefore complementary: clinical teams retain responsibility for diagnosis and treatment while community partners can support employment, participation, confidence and practical recovery.

8.2 Primary care, neighbourhood services and social prescribing

Primary care is often the first point at which health and wider social difficulties become visible. Integrated primary-care models and social prescribing recognise that some needs are better addressed through community, social and practical support than through repeated clinical intervention (NHS England, 2022) (NHS England, 2023).

BEC could support link workers and primary-care teams through accessible referral information, employment pathways, community opportunities and outcome monitoring. The purpose is not to create another referral list but to connect the individual's health goals with wider life goals.

NHS / health setting	Potential BEC contribution
Primary Care / PCNs	Navigation, social prescribing links, employment/community pathways.
Community Mental Health	Practical recovery, participation, employment and longitudinal outcomes.
ICBs / ICSs	Place-based evaluation, partnership design and population outcomes.
Public Health	Prevention, inequalities, community engagement and evidence.
Urgent Mental Health	No replacement role; COB may only navigate/escalate within the boundaries in Chapter 5.

8.3 Mental health and community recovery

Mental-health recovery can depend on housing, relationships, education, employment, routine and social connection as well as clinical care. BEC could contribute practical recovery planning, employment pathways, confidence building and community participation while clinical teams retain responsibility for clinical assessment and treatment.

The 3.00 am Principle is not redefined here. **Chapter 5** sets out the specific role and boundaries of AI-supported continuity, including the distinction between an accessible digital first point of contact and existing NHS crisis provision.

8.4 Integrated Care Boards, public health and prevention

Integrated Care Boards and local public-health partnerships provide a structure for addressing population health across organisational boundaries. BEC's contribution could include community engagement, prevention demonstrators, employment and wellbeing pathways, implementation research and shared outcome measures. The aim is to understand whether earlier, more coordinated support reduces escalation and improves participation - not to shift clinical responsibilities into the voluntary sector.

8.5 Research within NHS partnerships

Any NHS-linked demonstrator should operate within proportionate research, clinical-safety and information-governance requirements. The evaluation methodology is contained in **Chapter 6**, while digital clinical-safety and intended-use boundaries are addressed in **Chapter 5**. If BEC enters NHS clinical workflows, current clinical-risk standards and digital-health evidence requirements must be considered (NHS England, 2025) (NICE, 2022).

8.6 Measuring success

The relevant outcomes include wellbeing, engagement, participation, appropriate service use, successful referrals, continuity, prevention and public value. **Chapter 11** provides the common framework so that the health chapter does not repeat the measurement architecture.

Implications for Practice

1. **Use community partnerships to complement clinical care, not to duplicate it.**
2. **Connect health outcomes with education, employment and participation where these materially affect wellbeing.**
3. **Apply clinical-safety and research governance proportionately whenever digital tools enter NHS pathways.**

Chapter Summary

The NHS partnership proposition is based on wider determinants, prevention and continuity. BEC's role is strongest where clinical care needs to connect with community participation, employment, education and evidence generation.

Chapter 9 - Education

Building Capability, Agency and Sustainable Transitions

KEY POLICY MESSAGE

Inclusive education should recognise need without allowing need to become the whole definition of the learner. The objective is to identify capability, provide appropriate support, build agency and create sustainable transitions into adulthood, further education and employment.

9.1 Education as a lifelong journey

Education is not a discrete stage ending with a qualification. It shapes confidence, independence, social participation and later employment. For neurodivergent learners, difficulties can arise at transitions between school, further education, university, apprenticeships and work. The Coordination Gap described in **Chapter 1** is therefore particularly relevant to education.

9.2 Schools and SEND

Schools are often the first organisations to recognise emerging difficulties. Effective support requires early identification, strengths-based assessment, reasonable adjustments, family engagement and preparation for adulthood. The statutory SEND framework emphasises coordinated provision across education, health and care (DfE & DHSC, 2015) and the wider reform programme seeks more timely and effective support (DfE, 2023).

BEC's role should be complementary: specialist support, employability, research and outcome evaluation rather than substitution for statutory educational decisions.

Education setting	Potential BEC contribution
Schools	Strengths-based assessment, employability, attendance support, evaluation.
SEND / EHCP pathway	Navigation and practical translation of aspirations; no statutory decision role.
Further Education	Transition, executive-function support, careers and sustainable participation.
Universities	Student support, research partnership and transition to employment.
Alternative Provision	Capability-focused progression and links to education/employment.
Careers Services	Strengths, working styles and broader opportunity matching.

9.3 EHCPs and coordination

Education, Health and Care Plans are statutory instruments, not BEC plans. Local authorities retain responsibility for the EHCP process under the Children and Families Act 2014 (Children and Families Act 2014). The BEC proposition is narrower: where an EHCP or other plan exists, the coordinating function can help translate aspirations and identified needs into practical opportunities, transitions and follow-up without attempting to replace the legal process.

9.4 Families, autonomy and preparation for adulthood

Parents may have spent years advocating through difficult systems and can hold knowledge that is essential to good planning. At the same time, preparation for adulthood requires the young person's own voice, choice and responsibility to increase where appropriate. Support should therefore balance protection with autonomy.

BEC's practice principle is **support with challenge**: recognise reasonable adjustments and genuine need, while helping the learner understand consequences, develop problem-solving and take increasing responsibility. The goal is not independence at any cost; it is the greatest achievable agency with appropriate support.

Safeguarding remains distinct. Where family involvement may itself contribute to risk, the safeguarding principles in **Chapter 5** apply.

9.5 Further education, universities and alternative provision

Further education and universities are important transition environments in which academic capability must be matched by sustainable study practices, wellbeing, executive-function support and preparation for employment. Alternative provision should similarly be treated as an opportunity pathway rather than a holding environment.

The sustainable-capacity framework is defined in **Chapter 4**. In education it asks not only whether a learner can complete a task, but whether the environment and cumulative demands allow them to sustain participation without unacceptable stress or exhaustion.

9.6 Careers and BEC

Careers education should begin with strengths, interests and working preferences rather than a narrow list of vacancies. Subject to validation, BEC could support opportunity matching across further education, apprenticeships, employment, volunteering and entrepreneurship. Its governance and intended-use boundaries are contained in **Chapter 5**.

9.7 Measuring educational success

Attendance, attainment and qualifications matter, but they do not capture the whole outcome. Relevant measures also include engagement, wellbeing, confidence, independence, successful transition and preparation for work. **Chapter 11** provides the common outcomes framework.

Implications for Practice

1. Link SEND support explicitly to preparation for adulthood and future opportunity.

2. Balance family advocacy with the development of the learner's own voice and agency.

3. Judge transitions by what happens after the handover, not merely whether the handover occurred.

Chapter Summary

Education is a pathway into adult life rather than a self-contained service. BEC's contribution is to help connect capability, support, transitions and opportunity while leaving statutory educational decisions with the organisations responsible for them.

Chapter 10 - Employers

From Employability to Sustainable Economic Participation

KEY POLICY MESSAGE

Inclusive employment is a workforce, productivity and opportunity issue as well as an equality issue. The objective is not simply to increase job starts, but to understand what enables neurodivergent people to enter, sustain and progress in appropriate work - or to pursue education or entrepreneurship where those routes are a better fit.

10.1 The business case for inclusion

Employers need access to capable people, and neurodivergent individuals can be excluded by recruitment methods or workplace environments that test conformity rather than job capability. The Buckland Review identifies barriers across recruitment, workplace practice and retention (DWP, 2024), while lived-experience research highlights the importance of fit, support and sustainable working conditions (Brouwers et al., 2025) (Thorpe et al., 2024).

The business case should avoid stereotypes. Neurodivergent people do not possess a standard set of strengths. The relevant question is always individual: **what can this person contribute, and under what conditions are they most likely to perform successfully?**

10.2 The BEC 12-week Self-Development and Employability Pathway

This is the canonical description of the pathway used in BEC's Lottery-funded programme. Other chapters refer back here rather than reproducing the curriculum.

Stage	Sessions	Focus
Understand Yourself	1-3	Laying the Groundwork for Employment and Self-Employment; Self-Awareness and Society; Executive Functioning, Emotional Regulation and Sensory Needs
Build Agency	4-5	Relationships, Confidence and Communication; Independence, Responsibility and Preparing for the Future
Prepare for Opportunity	6-9	Neurodiversity and Work; Applications - CVs and Forms; Learning and Working Styles; Personal Branding
Sustain Progress	10-12	Your Neurodivergent Brain; Communication at Work; Future-Proof Yourself - When Things Go Wrong

The programme deliberately begins before the CV. It treats self-understanding, executive functioning, emotional regulation, sensory needs, confidence, communication, independence and resilience as part of preparation for sustainable participation.

BEC's internal monitoring recorded 82% progression into employment or further education, 95% satisfaction and more than 60% employment beyond two years. These outcomes are practice evidence, not controlled research findings. Appendix A sets out the publication data that should accompany them.

10.3 Three routes to economic participation

BEC proposes three principal routes, none of which should be treated as inherently superior:

1. **Employment** - including full-time, part-time, supported employment and apprenticeships.
2. **Further education and skills development** - where additional learning is the appropriate next step.

3. **Entrepreneurship and self-employment** - where control over working patterns or environment may provide a better fit.

Across all three sits a fourth requirement: sustainability and progression.

10.4 Entrepreneurship and self-employment

Entrepreneurship may offer greater control over hours, location, sensory environment, communication and task structure, but it also creates demands relating to uncertainty, finance, administration and business development. BEC therefore proposes entrepreneurship as a research pathway rather than a default solution.

Future evaluation should ask: for whom does entrepreneurship provide a more sustainable route, what support predicts success, and how do wellbeing and income trajectories compare with conventional employment?

10.5 Applying the sustainable-capacity framework

The full framework is defined in **Chapter 4**. Applied to employment, it means that technical capability should not be assessed in isolation from the wider demands of the job. An employee may be capable of the substantive work while struggling with task switching, ambiguity, meetings, sensory conditions, commuting, interruptions or social expectations.

The employer question therefore becomes: **is performance difficulty caused by inability to do the work, or by avoidable load created by the way the work is organised?**

10.6 Cognitive load, burnout and early intervention

BEC has developed an AI-agent chatbot based practice-derived approach to understanding cognitive load and executive-level stress. It requires independent validation and should not be represented as a diagnostic tool. Existing research on autistic burnout supports the importance of exhaustion and loss of functioning as serious phenomena (Raymaker et al., 2020).

Potential warning signs for human review may include increasing exhaustion, absence, difficulty recovering between working days, escalating sensory sensitivity, reduced confidence or previously manageable tasks becoming difficult. The purpose is preventative: review workload, clarity, environment, communication or support before employment breaks down.

10.7 Inclusive recruitment and workplace practice

Inclusive recruitment should assess the ability to perform the job rather than the ability to perform well in a conventional recruitment process. Potential adjustments include clearer job descriptions, advance information, structured interviews, practical assessment, work trials where appropriate and flexible communication.

Large employers can influence workforce standards, supply chains and professional practice. SMEs may require simpler, proportionate support because they often lack specialist HR or occupational-health functions. BEC's role should therefore be practical: recruitment guidance, manager support, reasonable-adjustment problem-solving and access to evidence.

Employer context	Proportionate support
Large employers	Workforce inclusion reviews, manager development, neurodiversity strategy, longitudinal research and supply-chain influence.
SMEs	Practical recruitment guidance, adjustments advice and light-touch manager support.
Apprenticeship employers	Structured onboarding, mentoring, transition support and progression measures.
Supported employment partners	Scaffolded support that adapts as confidence and independence change.
Entrepreneurship partners	Business mentoring, finance/admin capability and access to networks.

10.8 Apprenticeships and transitions into work

Apprenticeships connect learning with employment and can provide a structured transition. Success should be measured through completion, progression, wellbeing and sustained employment, not entry alone. Coordination between education provider, employer and support services is particularly important during the transition period.

10.9 Supported employment and scaffolded independence

Supported employment should be person-centred, strengths-based and responsive to changing circumstances. BEC's principle is **scaffolded independence**: provide the level of assistance required, encourage self-advocacy and problem-solving where appropriate, reduce support when confidence and capability increase, and increase it again where circumstances genuinely require it.

Less support is not automatically success, and more support is not automatically failure. The measure is **appropriate support producing the greatest achievable agency, wellbeing and participation**.

10.10 BEC in employment

BEC could support talent and opportunity matching, workplace-planning information, manager resources and longitudinal outcome monitoring. It must not become an employee-surveillance system. Any pattern recognition relating to stress or cognitive load should be consensual, proportionate and used to prompt human review rather than automated employment decisions. The AI governance framework is contained in **Chapter 5**.

10.11 Employers as research partners

Employers should be invited to become research partners, not simply destinations for participants. Questions include which recruitment adaptations improve access, which adjustments predict retention, how wellbeing relates to sustainability, what precedes employment breakdown, and how support intensity changes over time. Autistic adults themselves identify employment research priorities that include access, retention and workplace experience (Davies et al., 2024).

10.12 Longitudinal employment outcomes

The follow-up schedule and methodology are defined in **Chapter 6** and the common metrics in **Chapter 11**. The employment chapter therefore does not repeat those frameworks. Its core proposition is simply that a job start marks the beginning of the employment outcome, not the end.

Implications for Practice

1. Assess recruitment, retention and progression as one employment pathway.

2. Investigate entrepreneurship alongside conventional employment without romanticising it.

3. Engage employers in longitudinal research on sustainable capacity, adjustments and burnout prevention.

Chapter Summary

The aim is not more neurodivergent job starts at any cost. It is to understand what enables people to build sustainable, fulfilling and economically productive working lives. The 12-week pathway provides a structured practice-derived intervention; research must now determine which elements matter, for whom and over what period.

Chapter 11 - Measuring Success

A Longitudinal Outcomes Framework for Public Value and Continuous Improvement

KEY POLICY MESSAGE

Success should be measured by what changes, for whom, at what cost and whether the improvement lasts. Activity is necessary to deliver a programme, but activity is not the same as impact.

11.1 Measuring what matters

Traditional reporting records inputs, activities and outputs: funding, staff, sessions, referrals, qualifications or job starts. These measures show that something happened. They do not necessarily show that something changed.

BEC therefore distinguishes six levels:

Level	Example
Inputs	Funding, staff, facilities and technology
Activities	Training, mentoring, assessment and coordination
Outputs	Participants supported, sessions delivered, referrals made
Initial Outcomes	Employment entry, education progression, improved wellbeing
Sustained Outcomes	Employment retained, agency increased, wellbeing maintained
Long-Term Impact	Improved life chances, participation, public value and reduced inequalities

The addition of **sustained outcomes** is central. A job start is an event; sustained, appropriate employment is an outcome. Attendance at a course is an activity; increased independence may be an outcome.

11.2 Five outcome domains

BEC proposes five domains, each examined over time:

Domain	Illustrative outcomes
Individual	Wellbeing, agency, independence, education, employment, quality of life
Family / Support Network	Confidence, stress, appropriate involvement, resilience
Organisation	Employer retention, practitioner confidence, service integration, implementation quality
System	Coordination, transitions, earlier intervention, reduced duplication
Society / Economy	Participation, productivity, inequalities, social value and policy learning

11.3 Three cross-cutting tests

Every domain should be considered through three questions:

1. **Sustainability - did the improvement last?**
2. **Agency - did the intervention increase the person's ability to exercise choice, responsibility and self-advocacy where appropriate?**
3. **Safety and wellbeing - was the outcome achieved without unacceptable harm, stress or dependency?**

These tests help prevent positive headline statistics from obscuring poorer individual experience.

11.4 Standardised outcome framework

Domain	Core indicators
Wellbeing	Validated wellbeing measure, stress and confidence
Agency	Independence, self-advocacy and decision-making
Education	Attendance, attainment, engagement and progression
Employment	Entry, retention, progression, sustainability and reasons for leaving
Entrepreneurship	Start-up, sustainability and income/progression where appropriate
Cognitive Load	Self-reported load, exhaustion and agreed indicators requiring review
Support	Support intensity, adjustments and changing needs
System	Coordination, referral effectiveness and duplication
Economy	Participation, cost per sustained outcome and public value

The framework should use consistent core measures where possible while allowing individual goals and circumstances to remain visible. Wellbeing measures should be administered according to validated methods and current licensing/scoring requirements. BEC's historical use of the Warwick-Edinburgh Mental Wellbeing Scale should therefore be documented clearly and future research should follow the validated methodology (Tennant et al., 2007).

11.5 Employment and economic participation

Employment measurement should distinguish entry, retention, sustainability, progression, job quality and exit. Leaving a job is not automatically failure; it may reflect progression, education, entrepreneurship or a necessary change from an unsuitable environment. Conversely, remaining in unsuitable employment should not automatically be recorded as success.

The employment content is developed in **Chapter 10**; this chapter defines how it should be measured.

11.6 Education, wellbeing and support intensity

Educational measures should include attendance, attainment, engagement, transition, wellbeing and preparation for adulthood. Support should also be measured over time: hours of professional support, tasks completed independently, self-advocacy and appropriate help-seeking. Reduced support may indicate greater agency for some people but should never be treated as a universal target.

11.7 Measuring AI-supported services

The detailed AI model is in **Chapter 5**. Relevant outcome measures include accessibility, continuity, appropriate escalation, missed risk, unnecessary escalation, error/hallucination rates, bias, user trust, professional workload and successful human takeover.

The 3.00 am research question becomes measurable: **when someone seeks help outside conventional support hours, are they safer, better informed and more appropriately connected to human support after the interaction than before it?**

11.8 The BEC Longitudinal Impact Dashboard

The dashboard should show cohort trajectories rather than only current totals. Indicative time points are baseline, completion, 6, 12, 24 and 36 months and five years. Potential rows include employment, education, self-employment, wellbeing, independence, support intensity, cognitive-load indicators and job satisfaction.

Outcome	Completion	6m	12m	24m	36m	5yr
Employment / positive destination						
Further education						
Self-employment						
Wellbeing						
Agency / independence						
Support intensity						
Cognitive-load indicator						
Job satisfaction / fit						

Different audiences should see only information appropriate to their role. Participants may see their own progress; practitioners may see agreed case information; commissioners may see aggregated outcomes; researchers may access appropriately governed anonymised datasets.

11.9 Transparency and continuous improvement

BEC should publish methodology, outcomes, limitations, missing data, attrition, unintended consequences and lessons learned. If five-year employment outcomes are lower than two-year outcomes, the response should not be to emphasise only the earlier figure. It should be to investigate why.

> ***Credibility does not come from claiming that everything works. It comes from being willing to discover when it does not.***

The improvement cycle is:

> ***Measure -> Analyse -> Learn -> Improve -> Implement -> Measure Again***

11.10 Limitations and research priorities

Version 2.0 makes several limitations explicit:

- BEC's employment evidence is observational/internal and does not currently include a control group.
- Exact cohort denominators, attrition and follow-up methods must accompany external reporting of the 82%, 95% and 60%+ figures.
- The sustainable-capacity framework is practice-derived and not yet validated.
- BEC's cognitive-load approach requires independent development and evaluation.

- The COB and its higher-risk AI functions are proposed, not proven; higher-risk functions should not be deployed ahead of governance and evidence.
- Transferability beyond Leicester is unknown until replication is tested.
- Cost-effectiveness and causal public-sector savings have not yet been established.
- Some proposed academic and institutional partnerships remain subject to formal agreement.

These limitations define the next research programme rather than invalidate the propositions. The appropriate response to uncertainty is **testing**, not overclaiming.

Implications for Practice

1. Use a common longitudinal dashboard across demonstrators.

2. Report negative and unexpected findings with the same transparency as positive findings.

3. Do not claim impact at a timescale the evaluation has not actually observed.

Chapter Summary

BEC's outcomes framework measures sustainable change across the individual, family/support network, organisations, systems and society. It links the methodology in **Chapter 6** with the practical interventions described elsewhere in the White Paper without repeating those chapters' content.

Chapter 12 - A National Roadmap for Change

From Leicester Demonstrator to National Learning

KEY POLICY MESSAGE

The route from Leicester to wider influence should not be pilot -> rollout. It should be demonstrate -> evaluate -> challenge and refine -> replicate and compare -> inform national practice. Progress depends on evidence, not ambition alone.

12.1 The proposition

The preceding chapters describe a connected but deliberately testable model: the Coordination Gap in **Chapter 1**, the economic case in **Chapter 2**, the Leicester operating model in **Chapter 3**, translational research and sustainable capacity in **Chapter 4**, responsible AI in **Chapter 5**, research methodology in **Chapter 6**, sector applications in Chapters 7-10 and the outcome framework in **Chapter 11**.

Chapter 12 does not redefine those concepts. It sets out how they should be tested.

12.2 Initial demonstrator priorities

Version 2.0 deliberately narrows the first implementation stage to two priorities.

Demonstrator 1 - Sustainable Neurodivergent Employment

Independently evaluate the existing 12-week pathway, longer-term employment and education outcomes, wellbeing, support intensity, cognitive load, workplace environment and entrepreneurship. This demonstrator starts from a delivered intervention and existing follow-up data.

Demonstrator 2 - Capability & Opportunity Bureau

Begin with bounded, lower-risk functions such as navigation, information retrieval, opportunity matching and practitioner support. Evaluate usability, coordination value, data governance and professional workload before expanding functionality.

The 3.00 am mental-health continuity proposition should remain a **later controlled research workstream** unless and until closed-loop escalation, clinical/safeguarding partnerships, legal governance and evidence standards are in place.

12.3 The five-stage roadmap

Stage	Purpose
1. Demonstrate	Establish the Leicester Living Demonstrator, governance, baseline data and initial interventions.
2. Evaluate	Independently assess outcomes, implementation, safety and public value.
3. Challenge & Refine	Seek weaknesses, unintended consequences and groups for whom the model works less well; change the model.
4. Replicate & Compare	Test selected elements in other places using shared core measures and local adaptation.
5. Inform National Practice	Translate sufficiently robust comparative evidence into policy and commissioning learning.

Stage progression should be evidence-led rather than calendar-led.

12.4 Evidence Gates

Gate	Question
Feasibility	Can it actually be delivered?
Acceptability	Do users and implementers consider it appropriate and usable?
Effectiveness	Are meaningful outcomes improving?
Sustainability	Do those outcomes persist over time?
Safety	Are safeguarding, AI, clinical and other risks adequately controlled?
Public Value	Are outcomes proportionate to resources?
Transferability	Can core elements work beyond the original setting?

Only once sufficient evidence exists should the next stage be considered. This approach aligns with complex-intervention and public-sector evaluation principles (Skivington et al., 2021) (HM Treasury & ETF, 2026).

12.5 The BEC Institute for Public Policy, Research and Innovation

The proposed Institute would provide the intellectual and research infrastructure supporting the roadmap. Its four functions are:

1. **Generate evidence** through translational, implementation, longitudinal and economic research.
2. **Convene partnerships** across Government, NHS, universities, local authorities, employers, communities and lived experience.
3. **Evaluate innovation** independently enough to identify what works and what does not.
4. **Inform public policy** through White Papers, evidence reviews, implementation guidance and the Living Knowledge Library.

Its measure of success should be the usefulness of the evidence it creates, not the size of the organisation.

12.6 Research and academic partnership

Academic partners should contribute research design, ethics, statistics, implementation science, health economics, law, AI governance and publication. BEC contributes real-world delivery, community relationships and practice-derived questions. Collaboration should be formalised where responsibilities, data access or public claims depend on it.

12.7 Proportionate governance

1. **Strategic Partnership Board** - partner alignment, accountability and major decisions.
2. **Research, Ethics & Evaluation Committee** - methodology, safeguarding, AI, data and independent scrutiny, with specialist subgroups where required.
3. **Lived Experience Council** - meaningful participation in priorities, design, accessibility, evaluation and governance.

Governance can expand as the demonstrator passes Evidence Gates and risk increases.

12.8 A national learning network

The long-term ambition should be a national learning network rather than a chain of BEC-controlled centres. Different places should be able to contribute evidence while retaining local ownership. Shared research questions,

core outcomes and implementation measures would allow comparative learning without imposing a single delivery model.

> ***Local Practice -> Local Evidence -> Shared Evaluation -> Comparative Learning -> Improved Practice -> Policy***

12.9 Enabling conditions for success

Successful demonstration requires willing partners, robust governance, research expertise, participant involvement, employer engagement, access to appropriate data, technological capability, evaluation capacity and enough organisational stability to follow outcomes over time.

Resources will be required, but the immediate invitation is not **fund a national rollout**. It is **help shape and test a credible proposition**.

12.10 Risks and mitigation

Risk	Mitigation
Fragmented partnership working	Clear operating model and shared governance
Organisational territoriality	Explicit roles and no unnecessary duplication
Overclaiming early results	Independent evaluation and transparent limitations
Declining long-term outcomes	Longitudinal follow-up and intervention redesign
Participant dependency	Support designed to build agency
Workplace burnout	Sustainable-capacity and cognitive-load research
AI error / hallucination	Bounded use, testing and human oversight
Safeguarding failure	Closed-loop escalation and defined responsibilities
AI emotional dependency	Continuity without dependency and transparent identity
Unsafe family assumptions	Never assume the usual supporter is the safe supporter
Data misuse	Data minimisation, lawful basis, access controls and audit
Research bias	Independent academic scrutiny
Failure to transfer	Adapt rather than copy; use Evidence Gates
Mission drift	Narrow initial demonstrators and evidence-led progression

12.11 What success would look like

Success should not initially be measured by the number of BEC offices, contracts, regions or the amount of funding secured. Relevant measures are better individual outcomes, sustainable employment, greater agency, improved wellbeing, better coordination, safer AI, stronger evidence, better employer practice, demonstrable public value and learning capable of influencing policy.

12.12 Vision for 2035

By 2035, the United Kingdom could possess a stronger evidence infrastructure in which neurodivergent capability is identified earlier; education, health and employment pathways connect more effectively; employers retain a wider range of talent; entrepreneurship is available as a viable route; long-term outcomes are routinely evaluated; AI provides safe continuity and coordination alongside professionals; lived experience influences research priorities; and local innovation generates national learning.

Leicester's contribution would not be that every region copies the same organisational model. It would be that important questions were asked here, tested here and used to improve practice elsewhere.

National Recommendations

The formal recommendations of Version 2.0 are intentionally limited. Detailed chapter-end implications are not repeated here.

1. **Government:** recognise coordination across neurodiversity, prevention, employment, health and education as a cross-departmental policy issue.
2. **Government and commissioners:** support place-based demonstrators before wider adoption of untested models.
3. **Public services:** measure sustainable outcomes and continuity across organisational boundaries, not activity alone.
4. **Universities:** develop translational research partnerships that independently test practice-derived questions.
5. **Research funders:** support longitudinal and implementation research that extends beyond conventional project timescales.
6. **Local authorities:** explore whether a defined coordinating function can reduce the navigation burden on individuals and families.
7. **NHS partners:** connect clinical care with wider determinants such as employment, education and community participation where appropriate.
8. **Education partners:** strengthen preparation for adulthood and sustainable transitions within SEND and mainstream provision.
9. **Employers:** measure retention, wellbeing and progression alongside recruitment, and participate as research partners.
10. **BEC and academic partners:** independently evaluate the 12-week Self-Development and Employability Pathway and its long-term outcomes.
11. **BEC and research partners:** develop and test the sustainable-capacity framework and cognitive-load approach without presenting them as validated before evidence supports that claim.
12. **Technology partners:** develop bounded AI that augments professional practice, with transparent intended use, data minimisation and human oversight.
13. **Safeguarding and health partners:** establish closed-loop escalation before any higher-risk out-of-hours AI continuity function is deployed.
14. **All demonstrator partners:** publish limitations, negative findings and unintended consequences transparently.
15. **All sectors:** scale only the elements that pass evidence gates for feasibility, effectiveness, sustainability, safety, public value and transferability.

An Invitation to Test a Different Approach

The challenges explored in this White Paper are too complex for any organisation to solve alone. Government cannot solve them in isolation; nor can universities, the NHS, local authorities, employers, charities or technology companies. BEC certainly cannot.

BEC brings more than a decade of frontline experience. That experience has generated observations; those observations have generated questions; some interventions have produced encouraging results; and longer-term follow-up has raised new uncertainty. The next stage is not to declare the model proven. It is to test it properly.

BEC invites people with lived experience, universities, Government, the NHS, local authorities, schools and colleges, employers, research funders, charities and technology partners to help **test, challenge, evaluate and refine** the propositions.

If an intervention works, we should understand why. If it does not, we should change it. If another organisation has developed something better, we should learn from it. If AI can safely improve continuity, we should test it. If it cannot, we should not deploy it.

> ***The objective is not to demonstrate that BEC was right. The objective is to discover what works.***
>
> ***Test locally. Evaluate independently. Challenge rigorously. Improve continuously. Scale what works.***

The Leicester Declaration

A Declaration for Inclusive Innovation, Neurodiversity and Better Futures

The Leicester Declaration is offered as a voluntary commitment for organisations and individuals who share the principles set out in this White Paper. It does not imply endorsement by any organisation unless that organisation has explicitly agreed to endorse it.

Our Shared Principles

We affirm that:

1. **Every person possesses strengths, talents and potential.** Support should recognise capability as well as need.
2. **Inclusion benefits everyone.** Inclusive education, healthcare, workplaces and communities strengthen society.
3. **Research should improve lives.** Knowledge has greatest value when translated into practical, measurable public benefit.
4. **Prevention is better than crisis.** Earlier intervention should be tested as a route to better long-term outcomes.
5. **Partnership achieves more than isolation.** Complex challenges require collaboration across sectors.
6. **Artificial Intelligence must remain human-centred.** Technology should enhance professional judgement while preserving transparency, accountability and human responsibility.
7. **Evidence matters.** Public investment should be informed by robust research, transparent evaluation and honest reporting of limitations.
8. **Lived experience is essential.** People affected by services should participate meaningfully in design, delivery, evaluation and governance.
9. **Opportunity should not depend on circumstance.** Individuals should have equitable access to education, employment, healthcare and community participation.
10. **Innovation carries responsibility.** New approaches should be introduced with governance, evidence and a willingness to stop or change when risks outweigh benefits.

Our Commitments

Organisations endorsing this Declaration commit to placing people before organisational boundaries; working collaboratively; sharing knowledge; supporting responsible innovation; embedding evaluation within practice; recognising neurodiversity as an asset; promoting inclusive employment; prioritising prevention and earlier intervention; reducing unnecessary inequalities; and learning continuously from evidence and experience.

The Leicester Commitment

Endorsing organisations commit to working collectively to develop Leicester as a nationally recognised environment for translational research, neurodiversity, responsible Artificial Intelligence and inclusive employment. Learning generated through this work should be shared beyond Leicester where evidence justifies it.

We will pursue innovation with integrity, measure success through meaningful improvements in people's lives, remain accountable to the communities we serve and keep evidence, compassion and collaboration at the heart of the work.

Invitation to Endorse

The Declaration is open to Government departments, NHS organisations and Integrated Care Systems, local authorities, universities and research institutes, schools and colleges, employers and business networks,

professional bodies, charities and community organisations, research funders, technology partners, philanthropic foundations, and individuals with lived experience and their families.

The future will not be shaped by one organisation. It will be shaped by the willingness of many organisations to work together with a common purpose.

References and the Living Knowledge Library

Digital reference model

Version 2.0 is designed as a digital policy publication. All author-date citations in the text are hyperlinked to the BEC **Living Knowledge Library**:

https://becuk.center/references/

The online library is the authoritative and continuously updated evidence register. It should contain the full bibliographic record, source link, evidence classification, date checked and a short note on relevance to BEC. This approach avoids adding a long static bibliography to every edition while allowing readers to move directly from a citation to the current evidence base.

Citation	Source / title - direct source link	Use in the White Paper
Brouwers et al. (2024)	What is the Meaning of Paid Employment for Well-Being? A Focus Group Study on Differences and Similarities Between Autistic	Peer-reviewed employment/wellbeing evidence
Brouwers et al. (2025)	Barriers to and Facilitators for Finding and Keeping Competitive Employment: A Focus Group Study on Autistic Adults With and	Peer-reviewed employment-retention evidence
Damschroder et al. (2022)	The updated Consolidated Framework for Implementation Research based on user	Implementation science
Davies et al. (2024)	Autistic Adults' Priorities for Future Autism Employment Research: Perspectives from the	Lived-experience research priorities
DCMS (2026)	Young Futures Hubs and Transformation	Current Young Futures policy context
DfE (2023)	SEND and alternative provision improvement plan: right support, right place, right time	SEND reform context
DfE (2026)	Working together to safeguard children	Statutory safeguarding guidance
DfE & DHSC (2015; updated 2024)	SEND Code of Practice: 0 to 25 Years	SEND statutory guidance
DWP (2024)	The Buckland Review of Autism Employment: Report and Recommendations	Principal UK autism-employment policy source
GDS (2025)	Data and AI Ethics Framework	Public-sector AI governance
Heinz et al. (2025)	Randomized Trial of a Generative AI Chatbot	Primary digital mental-health evidence
HM Treasury (2026)	The Green Book (2026)	Appraisal, public value and economic
HM Treasury & ETF (2026)	The Magenta Book: Central Government	Evaluation guidance
Home Office (2023)	Criminal exploitation of children and	Safeguarding and criminal exploitation
ICO (live)	Guidance on AI and Data Protection	Data protection and AI
Knapp et al. (2024)	The Economic Case for Prioritising Autism in	Autism economics and public-value evidence
MHRA (updated 2025)	Medical devices: software and artificial	AI intended-use and regulatory boundary
NHS England (2022)	Next steps for integrating primary care: Fuller	Integrated primary care
NHS England (2023)	Social prescribing: Reference guide and technical annex for primary care networks	Social prescribing
NHS England (2024)	NHS 111 offering crisis mental health support	24-hour urgent mental-health access
NICE (updated 2022)	Evidence standards framework for digital	Digital-health evidence standards

Citation	Source / title - direct source link	Use in the White Paper
Parks et al. (2025)	Is This Chatbot Safe and Evidence-Based? A Call for the Critical Evaluation of Generative	Critical digital mental-health evidence
DHSC & PMO (2025)	Fit for the Future: 10 Year Health Plan for	National health policy
Proctor et al. (2011)	Outcomes for Implementation Research: Conceptual Distinctions, Measurement	Implementation outcomes
Raymaker et al. (2020)	"Having All of Your Internal Resources Exhausted Beyond Measure and Being Left	Foundational autistic-burnout evidence
Skivington et al. (2021)	A new framework for developing and evaluating complex interventions: update of	Complex-intervention methodology
Tennant et al. (2007)	The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK	Wellbeing measurement
Thorpe et al. (2024)	The Lived Experience of Autistic Adults in Employment: A Systematic Search and	Employment-experience synthesis
UNESCO (2021)	Recommendation on the Ethics of Artificial	International AI ethics and human-rights
WHO (2021)	Ethics and Governance of Artificial	Health-AI governance
Zhang et al. (2025)	Generative AI Mental Health Chatbots as Therapeutic Tools: Systematic Review and	Systematic review and meta-analysis of generative-AI mental-health chatbots

Core legal framework

Framework	Official source - direct link	Relevance
Human Rights Act 1998	Human Rights Act 1998	Rights-based public-service and technology
Mental Capacity Act 2005	Mental Capacity Act 2005	Capacity, consent and best-interests processes
Autism Act 2009	Autism Act 2009	Statutory autism framework
Equality Act 2010	Equality Act 2010	Equality and reasonable adjustments
Care Act 2014	Care Act 2014	Adult social care and safeguarding
Children and Families Act 2014	Children and Families Act 2014	SEND/EHCP framework
Data Protection Act 2018 and UK GDPR	Data Protection Act 2018 | UK GDPR	Data protection and information governance
Health and Care Act 2022	Health and Care Act 2022	Integrated care architecture
Data (Use and Access) Act 2025	Data (Use and Access) Act 2025 | Commencement guidance	Current data-use landscape; check provision-specific commencement before reliance

Appendix A - BEC Practice Evidence: Methodological Note

Purpose

BEC's internal programme outcomes are important because they provide a real-world basis for further research. They should not be presented as equivalent to controlled research. This appendix defines the minimum information that should accompany external use of the figures.

Question	Publication requirement
Eligibility	Define autism/neurodivergence criteria and inclusion/exclusion
Completion rate	Completers and withdrawals
82% denominator	Completers or respondents
Positive destination	Define employment and further education precisely
95% satisfaction	State question/instrument and response rate
>60% at two years	State denominator, follow-up method and lost-to-follow-up rate
WEMWBS	Document version, scoring, timing and licensing; identify any adaptation
Limitations	No control group; observational monitoring; potential attrition and selection bias

Current reported headline outcomes

- **82%** progressed into employment or further education.
- **95%** participant satisfaction.
- **More than 60%** remained in employment beyond two years.

These figures should be treated as **BEC practice evidence** until the underlying cohort, denominator, follow-up and analysis have been independently reviewed.

WEMWBS

BEC has used its implementation of the Warwick-Edinburgh Mental Wellbeing Scale to monitor wellbeing. Before academic publication, BEC should document exactly which version was used, whether administration and scoring followed the validated method, the timing of measures and any licensing requirements (Tennant et al., 2007). If items or scoring were materially changed, the adapted measure should not be represented as equivalent to the validated WEMWBS without appropriate methodological review.

Research progression

The recommended next step is to convert historical programme monitoring into a governed longitudinal dataset, subject to appropriate consent, ethics, data protection, documentation and independent analysis. **Chapter 6** describes the proposed research methodology.

Appendix B - Evidence Status and Definitions

Evidence status

Status	Meaning
Established Evidence	Peer-reviewed research, national statistics, legislation, statutory guidance or authoritative policy.
BEC Practice Evidence	Internal monitoring or delivery evidence; useful but not equivalent to controlled research.
Practice-Derived Proposition	A concept arising from BEC experience that requires independent testing.
Proposed Model / Research Question	A future intervention, system or hypothesis that should not be represented as proven.

Key definitions

Coordination Gap - the situation in which several organisations are appropriately responsible for different parts of an individual's journey but no organisation is responsible for helping connect those parts into a coherent pathway.

Translational research - the process by which evidence, practice and evaluation interact so that knowledge is converted into practical benefit and implementation generates new learning.

Capability - the person's substantive ability, strengths or potential relevant to a task, role or aspiration.

Sustainable capacity - BEC's practice-derived concept describing the conditions under which capability can be exercised over time without unacceptable cumulative cognitive, sensory, social or organisational cost. The concept requires independent validation.

Cognitive load - the cumulative mental demands associated with processing, organising, switching, communicating, regulating and responding within a particular environment. BEC's assessment approach is practice-derived and not yet a validated clinical instrument.

Capability & Opportunity Bureau (COB) - the proposed human-governed digital and professional ecosystem supporting navigation, opportunity matching, evidence access, coordination and, subject to validation, continuity.

3.00 am Principle - the research question asking whether a responsibly governed digital system can provide a safe first point of contact outside conventional support hours and recognise when appropriate human support must take over.

Closed-loop escalation - an escalation process that does not end when an alert is generated but connects the user to a recipient or service that is actually available and authorised to respond.

Living Demonstrator - a real-world environment in which interventions are implemented, evaluated, challenged and refined before wider replication.

Appendix C - Acronyms and Abbreviations

Acronym	Meaning
BEC	Business Enterprise & Community
COB	Capability & Opportunity Bureau
CAMHS	Child and Adolescent Mental Health Services
DWP	Department for Work and Pensions
EHCP	Education, Health and Care Plan
FE	Further Education
ICB	Integrated Care Board
ICS	Integrated Care System
NHS	National Health Service
PCN	Primary Care Network
SEND	Special Educational Needs and Disabilities
SME	Small and Medium-sized Enterprise
SROI	Social Return on Investment
UK GDPR	United Kingdom General Data Protection Regulation
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale