KENT COUNTY COUNCIL EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

This document is available in other formats, Please contact

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Directorate: Social Care, Health and Wellbeing

Name of policy, procedure, project or service

Strategy for Adults with Autism in Kent

What is being assessed? Strategy for Adults with Autism in Kent

Responsible Owner/ Senior Officer

Beryl Palmer, Manager Sensory and Autism Services

Date of Initial Screening 08.06.2016

Date of Full EqIA: 08.06.2016

Update each revised version below and in the saved document name.

| Version | Author | Date | Comment |
|---------|------------|----------|-------------------------------------------------------------------------|
| V1.0 | Guy Offord | 08.06.16 | Initial EIA |
| V2.0 | Guy Offord | 18.07.16 | Following comments from Akua Agyepong |
| V3.0 | Guy Offord | 04.07.16 | Completed action plan following feedback from Akua Agyepong |
| V4.0 | Guy Offord | 25.08.16 | Following feedback from Beryl Palmer and Equality and Diversity Team |

June 2016

| Characteristic | Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how? | Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN | | Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why? | Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Positive | Negative | Internal action must be included in Action Plan | If yes you must provide detail |
| Age | No | High | | | The ASC strategy covers adults with autism and those in transition. There is a separate strategy for children. The ASC strategy sets out recommendations for better information, prevention and access to services for all adults and those in transition and links to the children's strategy. Transition is meant in its widest sense i.e. changes throughout the lifespan. |
| Disability | No | High | | | The purpose of the ASC Strategy is to improve information and services for adults and those in transition who have autism in the absence of a learning disability. The Strategy acknowledges that about 50% of people who have a learning disability are likely to have autism. The needs of those with autism and a learning disability are outlined in other strategies and guidance referenced in the ASC strategy. |

| Gender | Yes | High | | The Strategy acknowledges that the rate of |
|--------------------|-----|------|------|----------------------------------------------|
| | | | | diagnosis is higher in males compared to |
| | | | | female. The figure most often quoted is |
| | | | | around 4:1. Whilst the strategy does not set |
| | | | | out specific objectives about balancing the |
| | | | | diagnosis rates it does set out overall |
| | | | | objectives about improving the assessment |
| | | | | pathway for adults with suspected autism. |
| Gender identity | No | | None | Not enough is understood about the impact |
| | | | | of gender identity on adults with autism. |
| | | | | More research will identify any potential |
| | | | | impact. |
| _ | Yes | | Low | It is acknowledged that some ethnic groups |
| Race | | | | may be harder to reach than others. This |
| | | | | should be factored into any planning ahead |
| | | | | of implementation of the objectives made in |
| | | | | the ASC Strategy. More needs to be |
| | | | | understood about reactions of different |
| | | | | racial groups to autism e.g. acceptance of |
| | | | | diagnosis. |
| | No | | None | Religion or belief should have no impact on |
| Religion or | | | | the implementation of any of the objectives |
| belief | | | | made in the ASC Strategy. More needs to be |
| | | | | understood about reactions of different |
| | | | | religions to autism e.g. acceptance of |
| | | | | diagnosis. |
| 0 | No | | None | Not enough is known about Sexual |
| Sexual orientation | | | | orientation , consent and sexual choices and |
| | | | | adults with autism. |

| Pregnancy and maternity | N/A | | |
|---------------------------------------|-----|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Marriage and Civil Partnerships | N/A | | |
| Carer's responsibilities | No | High | The purpose of the ASC Strategy is to improve information and services for adults and those in transition who have autism. |
| | | | Implementation of the objectives laid out in the Strategy should support and ease carers who care for people with autism and those carers with autism themselves. |

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what RISK weighting would you ascribe to this function – see Risk Matrix

| Low | <mark>Medium</mark> | High |
|-------------------------|-------------------------|---------------------------|
| Low relevance or | Medium relevance or | High relevance to |
| Insufficient | Insufficient | equality, /likely to have |
| information/evidence to | information/evidence to | adverse impact on |
| make a judgement. | make a Judgement. | protected groups |
| | | |

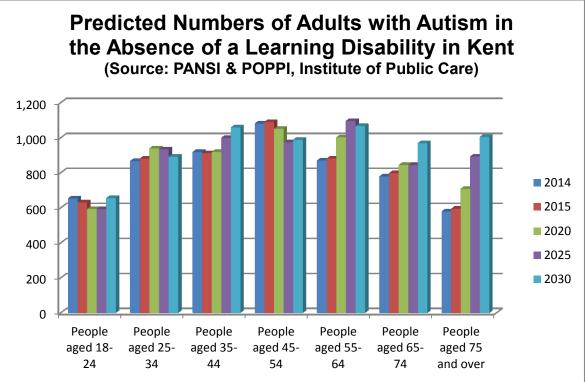
State rating & reasons

Low risk of adverse impact, but high relevance directly to gender due to the potential under-diagnoses in females. There is no definitive evidence to suggest either way if the under diagnosis is due to lower incidence in girls and women or that it due to other factors; for example girls and women may be better at masking their difficulties in order to fit in with their peers. Local Authorities and NHS bodies should ensure the provision of an autism diagnostic pathway for adults including those who do not have a learning disability. The responsibility for the providing the diagnosis of people with autism lies with the NHS as set out in the statutory guidance.

Context - What we do now and what we are planning to do

Statistically it is likely that there are many people in Kent with autism, or likely to be diagnosed with autism, that do not receive a currently available service, nor are they aware of it. Currently there are different pathways for diagnosis for those with suspected autism in the absence of a learning disability and a complete lack of post diagnostic support and multi-disciplinary community support.

The Institute of Public Care produces projections for all adults and older people with autism until 2030. Assuming the number of people with autism in the absence of a learning disability is roughly half the total number, the numbers of adults with autism in the absence of a learning disability will rise overall by 15.4%:



Within the ASC strategy there is an objective to implement the neurodevelopmental pathway which would provide an all age multi-disciplinary diagnostic and post diagnostic service for all people with suspected autism and or ADHD. The pathway is being developed by the Kent CCGs and Medway CCG with input from KCCs autism service and children's services.

Aims and Objectives

The ASC strategy aims to bring together all Kent agencies and organisations involved with the support and care of people with autism, with a common agreed set of priorities that will inform collective decision making for the next five years. These priorities have been drawn from several sources, including consultations with people who attend the Kent autism peer support groups provided by Advocacy for All and the Kent Autism Collaborative.

Beneficiaries

Adults with autism in the autism in the absence of a learning disability in Kent, their carers and families and the wider community.

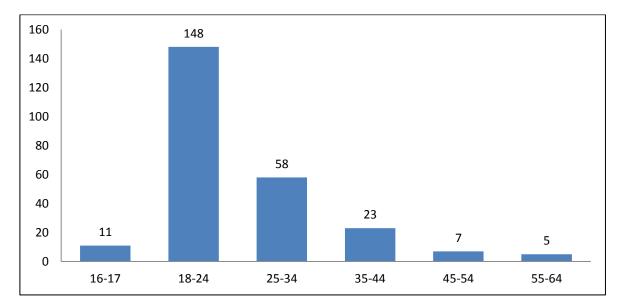
Information and Data used:

It is thought that the overall prevalence of adults with autism nationally is 1.1% of the population1. With the Kent adult population (16 to 90+ years old) at the time of writing estimated at 1,221,000 then this would include approximately 13,431 people with autism. Current estimates suggest over half these will have a co-occurring learning disability and approximately 6,700 will have autism in the absence of a learning disability.

The ASC team's caseload as of August 2016 reveals the following comorbidities of clients:

23% ADHD
3% sensory loss
8% learning disability
55% mental health
3% physical disability
1% substance misuse
9% other co-morbidity

The age of people on the team's caseload as of August 2016 was as follows:



It is recognised that there is data missing on other protected characteristics and this will be addressed in the JNA and is an objective of the strategy.

Autism Joint Needs Assessment ASC Strategy ASC Strategy EqIA

Who have you involved and engaged with:

In developing the draft autism strategy we engaged with:

All members of the Kent Autism Collaborative including representatives from:

- National Autistic Society
- Advocacy for All
- Kent County Council Adult and Children's Services
- Kent County Council Public Health Department
- Kent and Medway NHS and Social Care Partnership Trust
- NHS Swale and DGS NHS CCG
- NHS South Kent and Coastal NHS CCG
- The South East NHS Commissioning Support Unit
- The Tizard Centre, University of Kent
- National Probation Service

As well as consulting on the draft strategy with two focus groups, consisting of

Updated 26/10/2015

August 2016

members and parents and carers of the peer support groups run by Advocacy for All totaling 45 individuals.

The three main areas of concern of those who were consulted were:

- Diagnosis and support;
- Employment and;
- Workforce development.

We fully endorse the priority areas and vision for people with autism set out in the National Strategy for Adults with Autism in England and Wales.

"All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them" (Fulfilling and Rewarding Lives, 2010).

We want people to be accepted in their communities, to be able to access the right support, at the right time and to be able to be able to develop their full potential.

Potential Impact

The adoption and implementation of the ASC Strategy will improve information, services and pathways for Kent adults with autism in the absence of a learning disability, their carers and families.

Adverse Impact and how can these adverse impacts be mitigated, (capture this in the action plan)

Implementation of the key strategic objectives in the strategy should not result in any adverse impact on adults with autism and their families and carers. August 2016

Positive Impact:

JUDGEMENT

Set out below the implications you have found from your assessment for the relevant diversity groups. If any negative impacts can be justified please clearly explain why.

Option 1 – Screening Sufficient YES/NO

Following this initial screening our judgement is that no further action is required.

Justification:

Option 2 – Internal Action Required YES/NO

There is potential for adverse impact on particular groups and we have found scope to improve the proposal

(Complete the Action Plan at the end of this document)

Option 3 – Full Impact Assessment YES/NO

Monitoring and Review

Sign Off

Sonior Officar

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

| Senior Onicer | |
|---------------|-------|
| Signed: | Name: |
| Job Title: | Date: |
| | |
| DMT Member | |
| Signed: | Name: |
| | |
| Job Title: | Date: |
| | |

Please forward a final signed electronic copy to the Equality Team by emailing

diversityinfo@kent.gov.uk

The original signed hard copy and electronic copy should be kept with your team for audit purposes.

Equality Impact Assessment Action Plan

| Protected Characteristic | Issues identified | Action to be taken | Expected outcomes | Owner | Timescale | Cost implications |
|-----------------------------|--------------------------|-------------------------|-------------------------|---------------|---------------|----------------------|
| Gender | Not enough is | To be addressed as part | Better understanding | Public Health | JNA due for | • |
| | understood about the | of the Joint Needs | of gender issues in | | completion by | |
| | impact of gender | Assessment (JNA). | relation to adults with | | October 2016. | |
| | identity on adults with | | autism. | | | |
| | autism. More research | | | | | |
| | will identify any | | | | | |
| | potential impact. | | | | | |
| Race | More needs to be | To be addressed as part | Better understanding | Public Health | JNA due for | |
| | understood about | of the Joint Needs | of race issues in | | completion by | |
| | reactions of different | Assessment (JNA). | relation to adults with | | October 2016. | |
| | racial groups to autism | | autism. | | | |
| | e.g. acceptance of | | | | | |
| | diagnosis. | | | | | |
| Religion or Belief | More needs to be | To be addressed as part | Better understanding | ASC | JNA due for | |
| | understood about | of the Joint Needs | of different religions | collaborative | completion by | |
| | reactions of different | Assessment (JNA). | and belief systems | | October 2016 | |
| | religions to autism e.g. | | reaction to autism. | | | |
| | acceptance of | | | | | |
| | diagnosis. | | | | | |
| Sexual Orientation | Not enough is known | To be addressed as part | Better understanding | ASC | JNA due for | |
| | about Sexual | of the Joint Needs | of the sexuality issues | collaborative | completion by | |
| | orientation, consent | Assessment (JNA). | for people with autism. | | October 2016. | |
| | and sexual choices and | | | | | |
| | adults with autism. | | | | | |
| | | | | | | |