Equality Impact Assessment/Equality Analysis pro-forma

Part 1 – Describe the policy and it's relevance to equality

Name of policy	**Bexley Adult Autism Strategy**
Trigger for EIA	Change to existing policy
Briefly describe the policy including: • **its purpose and aims** • **main stakeholders (i.e. beneficiaries, service users, staff)** • **if it is likely changes proposed may lead to organisational restructures**	The Council, NHS bodies and NHS Foundation Trusts are required to take account of and follow the statutory guidance, issued under the Autism Act (2009), which aims to help improve services that support and meet the locally identified needs of adults with autism, their families and carers. The Bexley Adult Autism Strategy seeks to address the needs of all adults with autism who live in Bexley or are the responsibility of the Council or NHS Bexley Clinical Commissioning Group, including people diagnosed with Asperger's syndrome and those who do not have a co-occurring learning disability. It mainly focuses on those aged over 18 years but also includes young people under-18 years of age in transition. Bexley's strategy reflects the vision of the national autism strategy, which can be summarised as follows: "All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access to support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them to make the most of their talents". The vision for people with autism in Bexley mirrors the 'I-statements' published in the national strategy. In total there are 15 'I-statements', linked to the following three main outcomes: • To be an equal part of my local community • The right support at the right time during my lifetime • Developing my skills and independence and working to the best of my ability. Bexley's strategy gives an update on our progress in implementing the national strategy and includes an action plan to address key areas for improvement. This is based on the findings from the Autism Self-Assessment

	Framework (SAF), completed in October 2016. Delivery of Bexley's strategy is overseen by the Bexley Autism Board, which brings together representatives from the Council, NHS Bexley CCG and other key partners and providers, along with adults with autism and family carers to implement the strategy in Bexley.
Equality Relevance	Highly Relevant to Equality
Has the function been previously EIAed? If so when and attach the publication link	Yes. June 2012. Bexley Autism Strategy 2012
Summarise actions from previous EIA and provide an update on their delivery	1. Preparing for adulthood: There is a new preparing for adulthood pathway which has been developed, following a review of the preparing for adulthood service. The Preparing for Adulthood Team is co-located with the Disabled Children's Service and the SEND officers. The Preparing for Adulthood Team works closely with colleges and schools to ensure the Education, Health and Care outcomes can be met. A new Preparing for Adulthood Strategy has been drafted. 2. Care assessment and support planning: We have a robust mental health pathway through to social care but adults who are not open to mental health services do not have an automatic recourse to a needs assessment. People with autism are entitled to request a Needs Assessment through the Council's Contact Centre, who will screen to establish whether they are eligible for social care and, if not, to appropriately signpost to universal services/voluntary sector organisations. We spot purchase advocacy to support adults with autism who could not otherwise meaningfully participate in care assessment and support planning. 3. Autism data: The Council and our partners have engaged in the Autism Self-Assessment process to regularly assess our progress in implementing the National Autism Strategy. This includes consideration of Autism data. Autism data is reflected in our JSNA 2014. This data is currently being reviewed as part of the JSNA refresh, which is due to be completed by April 2018. 4. Training: Autism awareness training is available to all staff at the Council, including those in customer facing roles. There are also a number of publically available resources that organisations can access:

	https://www.gov.uk/government/news/autism-training-resources.
	5. Access to information and advice: The Bexley Care Hub and the Bexley Local Offer provide sources of information and advice. In addition, a number of voluntary organisations offer support, including Bexley Mencap, Bridging The Gap South East, Bexley Voice and Bexley National Autistic Society.
	6. Awareness-raising: GPs have been informed about the diagnostic pathway, e-learning has been promoted to Council staff, partner engagement has continued via the Autism Board.

Part 2 – Evidence collection – what do you know?

Please describe the evidence you will use to make your judgement. What existing data for example (qualitative or quantitative) have you used to form your judgement?	1. Autism Self-Assessment Framework 2016
	2. Children's education and health data:
	    a. Children in Education Need with ASD and EHC plans/statements
	    b. Autism Advisory Service – Children's diagnosis data.
	3. Adult social care and health data:
	    a. Data from Bexley's Short and Long Term (SALT) statutory return 2016/17
	    b. Data from Oxleas NHS Foundation Trust RiO IT system
	    c. Adult Diagnosis Pathway Data from Oxleas NHS Foundation Trust.
	4. Projecting Adult Needs and Service Information System: projection data on ASD prevalence.
	5. Consultation on Autism SAF (Oct - Jan 2017).
	6. Consultation on Draft Bexley Adult Autism Strategy (Sept – Nov 2017).

Protected Characteristic	Evidence
Age	The Adult Psychiatric Morbidity Study 2014, which includes the latest estimates of prevalence, shows that some variation in prevalence of autism was evident with age, although there was not a clear pattern (see Table 1).

Table 1: Autism prevalence in England (2007 & 2014 combined) by age

	Age				
	16-34	35-54	55-74	75+	All
All adults (%)	1.6	0.1	1.0	0.4	0.8
Confidence Interval lower limit	0.8	0.0	0.4	0.1	0.5
Confidence Interval upper limit	3.3	0.4	2.1	1.7	1.3
Bases (All)	1,357	2,394	1,907	799	6,457

Source: APMS 2014, NHS Digital

Data from PANSI (Projecting Adult Needs and Service Information) is based on the 2007 Adult Psychiatric Morbidity Study, which gives an estimated prevalence of autism of 1% of the adult population. Table 2 gives a breakdown of estimated prevalence for Bexley by age group and shows that 1,824 people aged 18+ were predicted to have autistic spectrum disorder (ASD) in 2017. This is predicted to increase by 21% to 2,201 by 2035.

Table 2: People aged 18+ predicted to have ASD by age projected to 2035

Age group	2017	2020	2025	2030	2035	% change 2017-35
People aged 18-24	204	197	201	231	243	19%
People aged 25-34	323	340	337	325	343	6%
People aged 35-44	313	324	357	380	377	20%
People aged 45-54	341	331	330	353	383	12%
People aged 55-64	273	299	320	316	319	17%
People aged 65-74	200	203	216	252	274	37%
People aged 75 and over	170	178	209	228	262	54%
Population (aged 18+) predicted to have ASD in Bexley	**1,824**	**1,872**	**1,970**	**2,085**	**2,201**	**21%**

Source: PANSI, Crown Copyright 2016

Data from Oxleas NHS Foundation Trust (as at December 2017) shows that there are 1,128 people who either live in Bexley or have a Bexley GP with a diagnosis of autism. Of these, 846 (75%) are children aged under 18 years old, 276 (24.5%) are aged 18-64 yrs old, and 6 (0.5%) are aged 65 yrs and over.

Table 3: No. of people living in Bexley or with a Bexley GP with a diagnosis of ASD

Age group	No. of people living in Bexley or with a Bexley GP with a diagnosis of ASD	% of total
Under 5s	30	3%
5-12 yrs old	561	50%
13-17 yrs old	255	23%
18-24 yrs old	130	12%
25-34 yrs old	66	6%
35-44 yrs old	29	3%
45-54 yrs old	36	3%
55-64 yrs old	15	1%
65-74 yrs old	4	0%
75-84 yrs old	1	0%
85 and over	1	0%
Total	**1128**	**100%**

Source: Oxleas NHS Foundation Trust (Dec 2017)

Table 4 compares the number of adults living in Bexley or with a Bexley GP with a diagnosis of ASD and PANSI prevalence data. This shows that the number of adults known to have a diagnosis of ASD is significantly lower than the number of adults predicted to have ASD.

Table 4: Oxleas data compared to PANSI ASD prevalence data for adults

Age group	Oxleas (Dec 2017)	% of total	PANSI	% of total
18-24 yrs old	130	46%	204	11%
25-34 yrs old	66	23%	323	18%
35-44 yrs old	29	10%	313	17%
45-54 yrs old	36	13%	341	19%
55-64 yrs old	15	5%	273	15%
65-74 yrs old	4	1%	200	11%
75-84 yrs old	2	1%	170	9%
Total	**282**	**100%**	**1,824**	**100%**

Source: Oxleas NHS Foundation Trust (Dec 2017) and PANSI, Crown Copyright 2016

Data from the Adult Social Care Short and Long Term Statutory Return 2016/17 shows that 231 people aged 18+ with ASD were accessing long term support at the year-end (31st March 2017).

Table 5: No. of people aged 18+ with ASD accessing long term support at the year-end (31 March 2017)

Adult Social Care Support Setting / Delivery Mechanism	People aged 18-64 with ASD	People aged 65+ with ASD	Total
Nursing	1	0	1
Residential	65	10	75
Community: Direct Payment only	22	0	22
Community: Part Direct	11	0	11

Payment			
Community: Managed Personal Budget	75	6	81
Community: Council Commissioned Support only	41	0	41
Total	**215**	**16**	**231**

Joint research, conducted by Bangor University and the University of Glamorgan, in 2010 found that levels of unemployment, anxiety and depression were higher in older people with autism. Reaching elderly age with autism was also found to have an effect on medical well-being. Autism is a condition which affects how a person communicates and many people may have problems with speech. Older individuals may have more difficulty in describing symptoms as they get older to healthcare professionals, particularly if they have no one to act as an advocate for them.

A policy report in 2013 by the National Autistic Society, called 'Getting On – Getting Older with Autism', set out some of the challenges facing people with autism in older age, such as under-diagnosis and referral for assessment, age-related changes including facing retirement, staff training and awareness in services. Whilst some of these challenges are common to adults with autism across the age ranges, the report recognises that they may become more pressing in older age – for example, the need for training amongst healthcare professionals and the need to tackle social isolation.

Disability

Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. The characteristics of autism vary from one person to another. However, the three main areas of difficulty experienced by people with autism are known as "the triad of impairments", (Wing and Gould, 1979) and these are:

- Social communication (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice);
- Social interaction (e.g. problems in recognising and understanding other people's feelings and managing their own);
- Social imagination (e.g. problems in understanding and predicting other people's intentions and behaviour and imagining situations outside their own routine).

People with autism may experience heightened or reduced sounds, touch, tastes, smells, light or colours. They often prefer to have a fixed routine and can find it difficult to cope with change. Many people with autism may also have other conditions such as attention deficit hyperactivity disorder (ADHD), a learning disability or dyspraxia.

Asperger's syndrome is a form of autism. It is often a 'hidden disability', and people with Asperger's will very often fail to display any visible signs of autism, and yet present the same Triad of Impairments. People with Asperger's syndrome have fewer problems with speaking and are often of

average, or above average, intelligence. They do not usually have the accompanying learning disabilities associated with autism, but they may have specific learning difficulties. These may include dyslexia and dyspraxia or other conditions such as ADHD and epilepsy.

The Adult Psychiatric Morbidity Study 2014 shows that there was no significant difference between the rates of autism identified in 2007 and 2014. The estimated prevalence of autism in 2014 was 0.7% of the adult population in England (equivalent to a rate of 7 per thousand), compared to 1.0% (equivalent to a rate of 10 per thousand) in the 2007 study.

To improve how robust the estimates are, the 2007 and 2014 samples have been combined in the 2014 study. Using the combined sample, the prevalence of autism was estimated to be around 0.8% (equivalent to a rate of 8 per thousand).

The APMS is based on survey responses from a sample of adults and the findings are then applied to the whole adult population. This means that the estimates are subject to sampling error. Given this, the study estimates that, if all adults in the population had been tested, the proportion identified with ASD would probably be between 0.5% and 1.3%.

The APMS 2014 states that: ASD is known to be strongly associated with the presence of learning disabilities and it has been estimated that 7.5% of adults with a learning disability may also have ASD (Cooper et al. 2004). The 2007 APMS was extended to cover people with learning impairments, including those living in residential settings, and found rates to be higher in this group (Brugha et al. 2012). A secondary analysis of the APMS 2007 confirmed earlier indications that autism is associated with an increased risk of epilepsy (Rai et al. 2012).

The National Audit Office report (2009), 'Supporting People with Autism through Adulthood', recognised that many people with autism have an increased risk of social exclusion and health problems, particularly a risk of mental illness. This may mean that people engage with services only when their health has deteriorated to a point of requiring acute interventions.

Data from Oxleas NHS Foundation Trust (as at December 2017) shows that there are 1,128 people who either live in Bexley or have a Bexley GP with a diagnosis of autism. Of these, 116 (10.3%) also had a Learning Disability diagnosis (see Table 6).

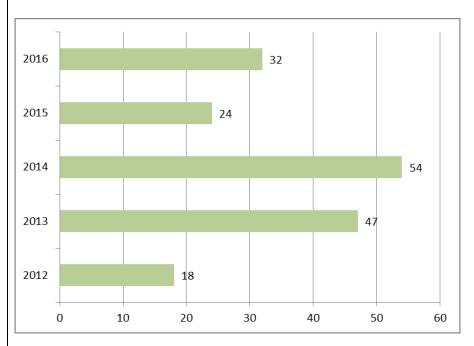**Table 6: No. of people living in Bexley or with a Bexley GP with ASD and a Learning Disability Diagnosis**

Diagnosis Description	Under 18 yrs old	18-24 yrs old	25-64 yrs old	65 yrs and over	Total
Mild Learning Disability		8	11	1	20
Moderate Learning Disability	40	12	5		57

Severe Learning Disability	24	8	1		33
Other Learning Disability		1			1
Unspecified Learning Disability		1	3		4
Profound Learning Disability	1				1
ASD Diagnosis with a Learning Disability	**65**	**30**	**20**	**1**	**116**
ASD Diagnosis without a Learning Disability	781	100	126	5	1012
Total	**846**	**130**	**146**	**6**	**1128**

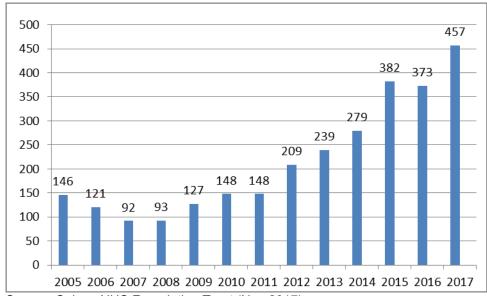Source: Oxleas NHS Foundation Trust (Dec 2017)

The local adult diagnostic service was established in January 2013 and is commissioned to complete 30 assessments a year. Data from Oxleas NHS Foundation Trust shows that there have been a total of 175 adult referrals for an ASD assessment in Bexley since 2012 and the figures indicate that capacity is matched to demand at the moment.

Table 7: No. of referrals received by local adult diagnostic service for an ASD Assessment in Bexley, 2013 to 2016:

Year	Referrals
2016	32
2015	24
2014	54
2013	47
2012	18

Data from Oxleas NHS Foundation Trust shows that there has been a significant increase in referrals for an ASD diagnosis among children since 2007. As at November 2017, there were 322 children and young people on the waiting list for assessments of which 141 were under five. The children's diagnostic service is currently carrying out 30 assessments a month due to additional investment by the CCG which is maintaining the waiting times.

Table 8: No. of referrals received by local children's diagnostic service for an ASD Assessment in Bexley, 2005 to 2017:

Source: Oxleas NHS Foundation Trust (Nov 2017)

Data from the January 2017 School Census (Table 9) shows that there were a total of 589 pupils in all Bexley schools with special educational needs (statements/EHC Plans and SEN Support) with ASD as a primary or secondary need type. This data includes pupils who live outside Bexley but attend Bexley schools and, therefore, may have a statement/EHC Plan issued by another local authority. It does not include any Bexley residents who attend schools outside Bexley; therefore pupils with statements/EHC Plans issued by Bexley who attend a non-Bexley school are not included in the table. The data shows that 9.8% of all pupils with special educational needs in Bexley schools have an ASD need type.

Table 9: Pupils in Bexley schools with special educational needs (statements/EHC Plans and SEN Support) with Autistic Spectrum Disorder as a primary or secondary need type:

School Year Group	Pupils in all Bexley schools with SEN and ASD need type	All pupils with any need type	% of all pupils with SEN who have ASD need type
N2	5	78	6.4%
R	34	284	12.0%
1	57	419	13.6%
2	49	427	11.5%
3	48	508	9.4%
4	42	478	8.8%
5	42	474	8.9%
6	52	540	9.6%
7	60	505	11.9%
8	57	484	11.8%
9	40	560	7.1%
10	43	464	9.3%
11	39	543	7.2%

I2	I5	I43	10.5%
I3	6	I05	5.7%
I4	0	8	0.0%
Total	**589**	**6020**	**9.8%**

Source: London Borough of Bexley, January 2017 School Census

Sex	

The Adult Psychiatric Morbidity Study 2014 shows that the estimated rates of ASD were higher in men (1.5%) than women (0.2%). This reflects findings in other research on autism (Brugha et al, 2011).

Different levels of prevalence could be due to difference in presentation and diagnosis. Research suggests that assessments for autism may draw more on how the condition manifests in men, and this may lead to under identification of autism in women (Trubanova et al. 2014).

Table 10: Autism prevalence in England (2007 and 2014) by sex

Sex	2007	2014	2007 and 2014 Combined
	%	%	%
Men	1.8	1.1	1.5
Confidence Interval lower limit	0.9	0.5	0.8
Confidence Interval upper limit	3.8	2.5	2.6
Women	0.2	0.2	0.2
Confidence Interval lower limit	0.1	0	0.1
Confidence Interval upper limit	0.6	1.1	0.6
Bases			
Men	1,114	1,418	2,532
Women	1,740	2,185	3,925
All	2,854	3,603	6,457

Source: APMS 2014, NHS Digital

Data from Oxleas NHS Foundation Trust (as at December 2017) shows that there are 1,128 people who either live in Bexley or have a Bexley GP with a diagnosis of autism. Of these, 240 people (21%) were Female and 888 people (79%) were male.

Table 11: Sex of people living in Bexley or with a Bexley GP with a diagnosis of ASD

Sex	People living in Bexley or with a Bexley GP with ASD	%
Female	240	21%
Male	888	79%
Total	**1128**	**100%**

Source: Oxleas NHS Foundation Trust (Dec 2017)

In addition, the Adult Psychiatric Morbidity Study 2014 indicates that autism was much more common among people, especially men, without any qualifications, whilst rates were lower in those with a university degree. The APMS 2014 also recognises that employment is a complex topic that needs more detailed study, including research that considers people in whom autism is unrecognised (that is, present but not diagnosed).

Table 12 shows that 21.2% of the 589 pupils in Bexley schools with SEN with ASD as a primary or secondary need type were girls and 78.8% were boys.

Table 12: Pupils in Bexley schools with SEN with ASD as a primary or secondary need type by sex:

Sex	Pupils in all Bexley schools with SEN and ASD need type	%
Girls	125	21.2%
Boys	464	78.8%
Total	**589**	**100%**

Source: London Borough of Bexley, January 2017 School Census

Gender reassignment	No local data available
Pregnancy & Maternity	No local data available

Race

Data from Oxleas NHS Foundation Trust (as at December 2017) shows that there are 1,128 people who either live in Bexley or have a Bexley GP with a diagnosis of autism. Of these, 223 people (19.8%) were from Black and Minority Ethnic (BME) groups. Bexley's latest population projections for 2017 estimate that 22.3% of the population are from BME groups.

Table 13: Ethnicity of people living in Bexley or with a Bexley GP with a diagnosis of ASD, compared to Bexley Population Estimates, 2017

Ethnic Group	No. of persons with ASD diagnosis	%	Bexley population estimates 2017	%
White - British	667	59.1%	177,690	71.9%
White - Irish	5	0.4%	2,640	1.1%
Any other White background	44	3.9%	11,740	4.8%
White	**716**	**63.4%**	**192,070**	**77.7%**
Indian	14	1.2%	2,130	0.9%
Pakistani	3	0.3%	1,460	0.6%
Bangladeshi	3	0.3%	1,740	0.7%
Chinese	6	0.5%	2,000	0.8%
Any other Asian background	15	1.3%	2,000	0.8%
Asian or Asian British	**41**	**3.6%**	**9,330**	**3.8%**
African	83	7.4%	8,260	3.3%

Caribbean	9	0.8%	990	0.4%
Any other Black, African or Caribbean background	11	1.0%	1,020	0.4%
Black, African, Caribbean or Black British	**103**	**9.2%**	**10,270**	**4.2%**
White & Black Caribbean	17	1.5%	3,190	1.3%
White & Asian	9	0.8%	6,080	2.5%
White & Black African	6	0.5%	21,070	8.5%
Any other mixed background	14	1.2%	3,010	1.2%
Mixed or multiple ethnic background	**46**	**4.0%**	**33,350**	**13.5%**
Arab	0	0%	320	0.1%
Any Other Ethnic Group	33	2.9%	1,740	0.7%
Other Ethnic Groups	**33**	**2.9%**	**2,060**	**0.8%**
BME groups	**939**	**19.8%**	**55,010**	**22.3%**
Not stated / Not known	189	16.8%	0	0%
Total	**1128**	**100.0%**	**247,080**	**100%**

Source: Oxleas NHS Foundation Trust (Dec 2017) and London Data Store, 2016

Table 14: Pupils in Bexley schools with SEN with ASD as a primary or secondary need type by ethnicity:

Ethnic Group	No of pupils of this ethnic group with ASD need type	% of all pupils with ASD need type	% of this ethnic group in whole school population	Percentage point difference
Asian Bangladeshi	3	0.5%	0.7%	-0.2%
Asian Indian	7	1.2%	3.7%	-2.5%
Asian Pakistani	1	0.2%	0.6%	-0.4%
Any other Asian background	8	1.4%	2.6%	-1.3%
Black African	50	8.5%	15.8%	-7.3%
Black Caribbean	11	1.9%	1.1%	0.8%
Any other Black background	8	1.4%	1.3%	0.0%
Chinese	3	0.5%	1.3%	-0.7%
Mixed White/Asian	3	0.5%	1.3%	-0.8%
Mixed White/Black African	8	1.4%	1.4%	0.0%
Mixed White/Black Caribbean	10	1.7%	1.6%	0.1%
Any other mixed background	12	2.0%	2.8%	-0.7%
White British	429	72.8%	57.5%	15.4%
White Irish	2	0.3%	0.1%	0.3%
Any other White background	25	4.2%	5.3%	-1.1%
Gypsy / Roma or Traveller	2	0.3%	0.5%	-0.2%
Any other ethnic group	2	0.3%	1.2%	-0.9%
Not Obtained	4	0.7%	0.5%	0.1%
Refused	1	0.2%	0.5%	-0.4%
Total	**589**			

Source: London Borough of Bexley, January 2017 School Census

	Table 14 compares the prevalence of each ethnic group within the overall Bexley school population with its prevalence within the group of pupils in Bexley schools with ASD as a need type. It shows that: • White British pupils make up a considerably larger proportion of pupils with ASD than their prevalence in the overall school population. • Black African pupils with ASD make up a notably smaller proportion of pupils with ASD than their representation in the overall school population. • Asian Indian pupils with ASD make up a smaller proportion of pupils with ASD than their representation in the overall school population.
Religion & Belief	No local data available
Civil Partnerships & Marriage	No local data available
Sexual Orientation	No local data available

Part 3 (optional) – Consultation and engagement – what do those affected think?

Have you held any consultation/engagement with service users/interested parties likely to be affected by the policy?	Yes In October 2016, we submitted the Autism Self-Assessment Framework to Public Health England. We engaged with partners via the Bexley Autism Board on its completion and undertook a consultation exercise between October 2016 and January 2017. We sought views from people with autism, their families and carers, key partners and professionals. We asked respondents to tell us about their experiences of services in the London Borough of Bexley and what has worked or not worked well for them. 87 people responded to the survey and the findings were used to help identify common issues or themes. Bexley's Autism Board reviewed our local adult autism strategy to address key areas for improvements identified in the Self-Assessment. There was a further online consultation on the draft strategy, which was undertaken between September and November 2017. 13 people responded to the survey. Findings: • 85% of people agreed that the key themes identified for further action in the strategy were the right areas to focus on. • Other comments identified the need to address issues of social anxiety, stress and mental health and to promote social inclusion. • Many respondents said that they did not find it easy

	to access general health services or council services.
	• One respondent commented that care and support must also include health care, not just social care, for example, help with visiting a GP and support from hospital liaison nurses for people with autism, including those who do not also have a learning disability.
	• Respondents felt that the most important areas with regard to planning for the future were preparing for adulthood, planning for older age, and housing/accommodation.
	• Other areas identified included training and employment, good accessible information about autism, and more support for carers.
	• Awareness of autism among staff in everyday services needs to improve. Respondents felt that staff training on autism across a range of services was needed, especially frontline staff in the following areas: social workers, GPs and health professionals, receptionists, the police, housing association staff, teaching staff including SENCOs, leisure centres and shop staff in local businesses. It was suggested that autism champions could be recruited to cascade knowledge within organisations.
	• Views were expressed that training should include face-to-face training, as well as e-learning. Parents/carers, voluntary organisations and some people with ASD themselves would be ideal to involve in helping to deliver training.
	• Respondents to both surveys felt that the autism diagnosis process could be improved. However, it should be noted that many people were reflecting on their experiences of diagnosis from previous years, some stretching back to the 1990s, which was prior to the introduction of the Adult Diagnosis Pathway in 2013. Feedback received highlights the need for shorter waiting times for assessment and diagnosis, and the need to further develop sources of support, including ensuring that people with ASD and their carers are informed of their right to request a needs assessment.
	• Respondents made a number of suggestions for improving support following diagnosis, including: (i) professionals communicating and sharing information; (ii) support groups, befriending and peer networks, including for people with high functioning autism or Asperger's Syndrome; (iii) information and advice; (iv) improving community awareness and understanding of autism; (v) more accessible services, including for people with ASD but who do not have a learning disability; (vi) carers

	support; (vii) crisis support.
	• Respondents agreed that the strategy should consider how information and advice is made available and there was a preference for web-based information, as well as support for developing a newsletter.
	• There was support for the Bexley Autism Board to set up a housing sub-group and an employment sub-group to progress actions under these two priorities.
	• Respondents gave some ideas about the key things they would like these two sub-groups to look at.
	• Employment and training: Respondents wanted the employment sub-group to look at life skills, motivational help and support to deal with anxiety. In particular, respondents highlighted the lack of support to people with ASD, who are not in employment, education or training (NEET). Employment support ought to be individually tailored for each person and their place of work. Respondents also noted that some people may have more than one condition, including autism (e.g., dyspraxia, dyslexia, ADHD or mental health issues), which may impact on training and employment opportunities. Further engagement with local employers to raise awareness and encourage employment of people with ASD was also mentioned. It was suggested that work experience placements in local businesses should be offered with appropriate support and supervision.
	• Housing: 58% of respondents said that they needed help with housing, including knowing where to go for support and help with accessing a range of housing options, including affordable housing, supported living schemes, and good quality registered care for people with challenging behaviour. Particular attention needs to be paid to designing housing to create autism-friendly environments. Key worker support, support with life skills (e.g., budgeting, paying bills and access to benefits), and access to crisis or emergency support were also seen as important.
	• Respondents to the survey agreed that the strategy should include working with the criminal justice system, including the police to support people with autism in Bexley. 58% of respondents said that they did not feel safe in the community and 67% said that they needed support to feel safe in the community.
	• One respondent recommended looking at other areas to understand how good liaison works with the police and other emergency services. Staff training in these services was also seen as important.

	On the whole, the key priorities and areas for improvement identified in Bexley's Autism Strategy reflect the feedback received from consultation and engagement.
Have your client group/service users/interested parties been involved in drawing up the policy?	Yes. A wide range of organisations and individuals on the Bexley Autism Board have helped to inform Bexley's self-assessment and shape the draft strategy, including voluntary groups, service user/carer representatives, Job Centre Plus, Metropolitan Police, London Community Rehabilitation Company, Oxleas NHS Foundation Trust, NHS Bexley Clinical Commissioning Group and Council officers. A total of 22 people with autism, including Asperger's Syndrome responded to one of our online surveys. A total of 75 carers and 3 employees or volunteers in an organisation supporting people with autism, including Asperger's Syndrome, responded to one of our online surveys.
How have you attempted to include traditionally hard to reach/hear groups? E.g. those with learning disabilities/Bengali women/Gypsy & Traveller communities etc.	We have attempted to engage traditionally hard to reach / hear groups via our partner organisations on the Bexley Autism Board. The consultation was also promoted via an article in the Bexley Magazine.

Part 4 - What is your judgement? – analyse your evidence and describe the impact

(a) Aim 1 of the PSED – the duty to eliminate discrimination

Characteristic	Actual or likely impacts (negative/positive/no impact) and justification	Actions to be taken to mitigate potential negative impacts
Age	Positive. The scope of the strategy applies to adults with autism and those preparing for adulthood between child and adult services in line with the statutory guidance. The strategy will continue to focus on improving the effectiveness of transition planning for children and young people with autism.	Coordination of work streams between the Bexley Autism Strategy and the Preparing for Adulthood Strategy.
	The Adult Autism Diagnosis Service has been in place since January 2013.	Ensure waiting times for assessment and diagnosis are compliant with NICE guidelines and that there is a defined pathway following diagnosis to either appropriate advice or guidance or adult social care services, where there is eligible

		need.
	Multi-agency care pathways are also in place for diagnosis and support of children with autism.	Provision for those under 18 is made through the special educational needs, disability and social care support systems.
	Not all young people with autism will have Education, Health and Care plans or be eligible for care and support as an adult.	Implement good practice in providing information and advice to people with autism and their carers, including children and young people as they prepare for adulthood.
		Work with the Preparing for Adulthood Programme Board to engage further with schools and colleges and review pathways out-of-school.
		Bid for preventative resources to help address the needs of those who are not eligible for statutory services.
	Data collected on numbers of older people (aged 65+) with a diagnosis of autism indicates that this is not currently a 'known' population. Older people with autism may have developed coping strategies during their lifetime or perhaps been cared for previously by a spouse or relative. As people with autism age, changes in their lives or circumstances (e.g., retirement, deterioration of their health, living alone, housing or debt-related issues) may present significant challenges for them. Older people can also experience increased and decreased sensitivities with tolerances or intolerances to pain. This has implications for the way in which health and care services are provided to older people.	We will continue to improve data collection to inform our planning. We will work with adults with autism at a younger age to help them to become more independent and prepare for their future. Improvements in the arrangements for diagnosis and needs assessment will help to identify older people with autism. Autism awareness training will continue to be promoted to staff and we will engage with providers to check their training arrangements.
Disability	Positive. Bexley's Adult Autism Strategy aims to improve care pathways following diagnosis, including the offer of a needs assessment.	Review adult social care pathways and advice and information access.
	People with autism may also have	The Learning Disability

	other health conditions or disabilities, such as a learning disability.	Partnership Board oversees the delivery of the Borough's Learning Disability Strategy.

Mental health services have a social care element ensuring a robust mental health pathway through to social care.

The CCG commissions a multi-disciplinary service from its secondary tier provider, which includes both learning disability and autism. Specialist assessment services are available if required and commissioned on a case-by case basis. |
| | Under the Equality Act 2010, all public sector organisations, including employers and providers of services, are required to make reasonable adjustments to services with the aim of ensuring they are accessible to disabled people, including people with autism. The strategy includes a priority on reasonable adjustments across Council and NHS services and seeks to promote reasonable adjustments across a wide range of other public and universal services. | Improve take-up of autism awareness training within local organisations.

Specific training will be provided to staff that carry out assessments on how to make adjustments in their approach and communication.

We will review the availability and coverage of existing training to advocates.

In our next self-assessment, we will report on evidence of reasonably adjusted services for those people with autism and mental health conditions who are able to access crisis services. |
| Sex | Positive. The strategy aims to benefit all adults with autism.

National and local data highlights that autism is more prevalent in males than females.

The adult diagnosis pathway uses a standardised assessment process to ensure everyone receives the same service. Our secondary tier healthcare provider understands the measures used to | We will continue to monitor referral and diagnosis rates among males and females.

When our secondary tier healthcare provider screens women, they operate more flexible criteria (e.g., in circumstances where they have a borderline clinical score on |

	screen are male-centric.	criteria, they would review and consider accepting a female for assessment). Where needed, assessments are tailored to ensure they are relevant to the individual's experiences (e.g., asking women about hobbies and interests that may be most relevant to them).
Gender reassignment	No evidence of impact	No actions identified.
Pregnancy & Maternity	No evidence of impact	No actions identified.
Race	Positive. The strategy aims to benefit all adults with autism, including those from Black and Minority Ethnic (BME) groups. However, it is recognised in the national autism strategy that people from BME groups may not approach health and social care services for support, potentially due to cultural reasons or a lack of understandable information on the topic. Locally, data from the adult diagnosis pathway indicates that the vast majority of people seen are not from BME communities.	Local data sources will be routinely analysed by ethnicity to enable us to take into account the needs of people with autism from BME communities. Assessments are tailored to individual needs and take account of diversity issues. We will continue to raise awareness of autism across all communities, including BME communities.
Religion & Belief	No evidence of impact	No actions identified.
Civil Partnerships & Marriage[1]	No evidence of impact	No actions identified.
Sexual Orientation	No evidence of impact	No actions identified.

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[1] Only applies to aim one of the PSED

(b) Aims 2 and 3 of the PSED – the duty to advance equality of opportunity & foster good relations

Protected Characteristic	How can this policy be designed to advance equality of opportunity	How can this policy be designed to foster good relations between groups
Age	As below. By working more collaboratively to improve the outcomes for people with autism at all stages of their lives.	As below
Disability	By making reasonable adjustments to services with the aim of ensuring they are accessible to disabled people, including people with autism. By continuing to promote in our area the education, training and employment of people with autism.	We will continue to work together through the Bexley Autism Board to enable all adults with autism to live fulfilling and rewarding lives within a society that accepts and understands them. By better involving people with autism in our local planning and implementation By raising awareness of autism within the community and providing training to staff. By ensuring that people with autism can access mainstream services just like anyone else.
Sex	As above, including tailoring assessments to individual needs.	As above
Gender reassignment	As above	As above
Pregnancy & Maternity	As above	As above
Race	As above, including tailoring assessments to individual needs and providing meaningful information and advice that is easy-to-understand and up-to-date.	As above
Religion & Belief	As above	As above
Sexual Orientation	As above	As above

Part 5 – Completion and authorisation

Directorate & Service	Adult Social Care and Health
Date EIA completed	22 December 2017
Name and Job Title of Officer completing EIA	Steven Burgess, Policy and Strategy Officer, London Borough of Bexley
Describe how you will monitor impact of your policy	The Bexley Autism Board will oversee delivery of the Bexley Autism Strategy and monitor our progress. Sub-groups will be established, as required, to take forward key areas of work over the next two years. This includes an Employment Sub-Group (already established) and a Housing Sub-Group (yet to be established). We will continue to participate in the Autism Self-Assessment Framework, coordinated by Public Health England, in order to demonstrate the progress being made in Bexley. This will also enable us to compare Bexley's progress against other local areas. Commissioners will continue to monitor the local diagnostic pathway, including the level of activity and waiting times to ensure that this is in line with the service commissioned and that referral rates are well-matched to capacity. We will continue to improve data collection to gain a better understanding of local needs in relation to autism. This includes ensuring that autism is reflected in the refresh of the Joint Strategic Needs Assessment and reviewing autism data at regular intervals to help monitor the impact of this policy. On an annual basis, the Council reports the number of service users with a diagnosis of ASD in our Short and Long Term statutory return. The outcomes achieved for service users and carers to meet their eligible needs will be monitored on a case-by-case basis through the process of assessment, support planning and review.
Officer responsible for monitoring impact	Rhys Davies, Service Manager, Complex Care West
Date EIA is scheduled to be reviewed	31 March 2019
DD responsible for policy	Yolanda Dennehy, Associate Director (Adult Social Care), Bexley Care **Date: 15 January 2018**

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